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WELFARE in REVIEW

January – February 1968
Volume 6 Number 1

Assessing Program Effectiveness
A Rating System Described

The Neighborhood Service Center
Trends and Developments

U.S.
DEPARTMENT
OF HEALTH,
EDUCATION,
AND WELFARE

Social
and
Rehabilitation
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WELFARE in REVIEW

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U.S. DEPARTMENT OF
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Volume 6 Number 1

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Assessing Program Effectiveness*

A Rating System for Identifying Relative Project Success

WORTH BATEMAN**

It has become common practice for Government analysts to begin reports on their work with a reverent encomium for the Planning, Programming, and Budgeting (PPB) System which no doubt helps to explain why, in the short time since its introduction in August 1965, the initials PPB are among the best known in Government. The urge to say something about PPB, even in a paper of this sort, seems to be irresistible.

The development of PPB has, in most instances, been characterized by an almost exclusive concern with efforts to allocate resources optimally *among* programs. Very little attention, however, has focused on the problems of program management, i.e., the organization of resources *within* a program to achieve the greatest effect. This is not unexpected in the Department of Health, Education, and Welfare since the bulk of Federal financial resources are channeled through State and local administrative hierarchies, a circumstance which precludes extensive involvement by Washington officials in the day-to-day management and direction of program operations. In a sense, PPB has followed a natural course in emphasizing, through the legislative and budgetary process, the resource allocation issues among programs, since it is precisely in these areas that able people have had the greatest opportunity to produce identifiable change.

There are several reasons, however, why it would be unwise to bypass the important issue of improving program management. First, and most obvious, there are some Federal programs, even in HEW, in which administrative and managerial responsibilities essentially reside in Washington--for example, the Food and Drug Administration's Drug Abuse Control program and the intramural research program of the National Institutes of Health. Administrative control is also extensive in other areas such as university based research and training programs where full or nearly full Federal financial support to individually selected projects is provided.

Second, precisely because the Federal share of total costs is small in some program areas, the opportunity for the greatest payoff may lie with improving the utilization of non-Federal program resources rather than adding a relatively small increment of Federal funds to a very large but ineffectively used base. Perhaps the best example of this is in the area of elementary and secondary education where the Federal commitment is

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*Based in part on a paper written for the Subcommittee on Economic Progress of the Joint Economic Committee and included in a compendium of papers entitled "Federal Programs for the Development of Human Resources" to be published February, 1968.

**Office of The Assistant Secretary for Planning and Evaluation, Department of Health, Education, and Welfare.

In writing this paper, I have profited from discussions with a number of persons in the Department of Health, Education, and Welfare, the Office of Economic Opportunity, and the Department of Labor. I owe a special debt, however, to Mrs. Barbara Coughlan, Social and Rehabilitation Service, and Mr. Andrew Truelson and his staff in the Office of Special Services, SRS, for their assistance in developing and implementing the system described here. I am also grateful to Miss Yyetta Brehm of HEW for research assistance.

large but small in relation to total educational expenditures. Doubling the size of Title I of the Elementary and Secondary Education Act may not be nearly as effective in upgrading the quality of education for deprived children as spending a much smaller sum on good research and demonstration projects with adequate dissemination of the results.

Finally, there is a practical reason for turning our attention to program management: the budgets of ineffective programs are sometimes cut (although quite often they grow right along with everything else) but they are very rarely eliminated. With that prospect, it is extremely important to find out what magic--if there be any--can be used to transform the proverbial sow's ear into the cherished silk purse. Moreover, to the extent that such efforts are successful in changing the *relative* effectiveness of programs, funding priorities may also change.

This paper describes a project evaluation system which was developed during 1967 for the Work Experience and Training Program. As such, it meets part of the requirement for improved management techniques in a specific Federal program.

WORK EXPERIENCE AND TRAINING PROGRAM

The Work Experience and Training Program is funded under Title V of the Economic Opportunity Act and is administered by the Social and Rehabilitation Service of the Department of Health, Education, and Welfare. It seeks to increase the earning power of the unemployed poor through projects which provide basic education, work experience, training, medical, and a variety of other services. Its trainees are drawn mostly from among the adult recipients of the Aid to Families with Dependent Children program. At the close of fiscal year 1967, there were about 55,000 trainees enrolled in some 250 projects operating in all States (except Alabama), the District of Columbia and Puerto Rico.

From the inception of the program in the fall of 1964 to June 30, 1967, 115,000 trainees had participated. Of these, approximately 36 percent found employment, 13 percent completed training but did not immediately find jobs, and 5 percent went on to advanced training. As Table 1 shows, trainees gave a variety of reasons for leaving and in many cases these provide some explanation for the program's apparent lackluster performance in moving a more substantial fraction of trainees into employment. For example, 4 percent of all trainees left the program for lack of adequate child care services; another 10 percent terminated because of illness or disability.[1]

From the viewpoint of this paper, however, the real defect of such aggregative analysis of program performance is that in most cases it ignores variation in the effectiveness of individual projects and is therefore of little practical significance for program management. For that purpose, it is the project itself, whether it be in Baltimore, Cleveland, St. Paul, Denver or Los Angeles, which is of utmost importance: Is the project effective? If so, what accounts for its success? Can the "best practices" in one project be duplicated in another? It is the project which delivers the goods, and in this sense the program as a whole is less than the sum of its parts. To demonstrate this, one has only to visit five Work Experience and Training *projects* and then, with-

[1] *The overall employment rate alone has little meaning for evaluating program success. Aside from the obvious narrowness of the measure itself, success must be gauged by comparing what actually happened to participants as a result of training with what would have happened if they had not enrolled. See: Hearings before the Committee on Education and Labor, House of Representatives, 90th Congress, First Session, on H.R. 8311, Economic Opportunity Act Amendments of 1967, Part II, pp. 1305-1317.*

Table 1. Terminations from the Work Experience and Training Program Through June 30, 1967, by Cause

	Number	Percent
Total Terminations	115,200	100.0
Left program and found jobs	41,100	35.7
Completed training but not immediately employed	15,400	13.4
Entered advanced training	5,300	4.6
Disability and medically unqualified	11,518	10.0
Poor attendance	10,827	9.4
Child care	4,380	3.8
Dissatisfied with assignment	3,570	3.1
Projects terminated	3,237	2.8
Lack of progress	2,189	1.9
Ineligible	1,843	1.6
Transportation problems	1,082	.9
Misconduct	921	.8
Educational limitations	576	.5
Refused assignment	438	.4
Hours of work	346	.3
Other (reasons not specified)	12,473	10.8

Source: Based on data prepared by the Social and Rehabilitation Service, Department of Health, Education, and Welfare.

out having the benefit of referring to any of the projects, try to answer the question, "What is the Work Experience and Training *Program*?"

Causes of Variation in Project Effectiveness

Factors contributing to differences in the relative effectiveness of individual projects are: (1) the location of the project; (2) the characteristics of the trainees served; (3) the availability of services in relation to requirements; and (4) the skill with which these services are organized to accomplish the mission.

Other things being equal, projects operating in areas of high unemployment would be expected to be less successful than those operating in areas where labor markets are tight. Similarly, projects in which participants have a lower average level of educational attainment and a higher average age and in which there is a higher proportion of female and nonwhite participants will probably be less successful in ultimately achieving the objective of assuring greater earnings for its trainees. We expect this *a priori* from studies of labor force participation, employment, and earnings history of females in relation to males, whites in relation to nonwhites, the more highly educated in relation to the less educated, and older persons in relation to those who are younger. Similarly, projects in areas where resources for basic education and training are scarce and day care or similar facilities are unavailable will be hard pressed to produce results comparable to other projects serving essentially the same types of trainees and facing similar labor market conditions but with adequate resources and facilities. Finally, differences in the abilities of project managers are crucial in accounting for differences in project effectiveness.

The importance of some of these factors is illustrated in Table 2 which compares a large rural project operating in an economically depressed area (East-

Table 2. Selected Data on Title V Terminees in Cleveland, Eastern Kentucky and St. Paul Projects

	Cleveland	Eastern Kentucky	St. Paul
Total Terminations to 9-66	1,613	1,936	[1] 471
Employment			
Total terminees employed	734	640	330
Percent employed	45.5	33.1	70.1
Local Labor Market Conditions			
Unemployment rate (%)	[2] 2.8-3.5	[3] 7.2-31.4	2.0
Participant Characteristics[4]			
Percent male	71.6	100.0	100.0
Percent white	20.0	99.5	87.9
Average age	36 (male)[5] 31 (female)[5]	39	35
Services			
Percent in Adult Basic Education	22.5	86.0	13.5
Percent in High School Equivalency	12.5	8.0	33.0
Percent in Vocational Instruction	25.5	2.5	63.5
Average health expenditures per case month	$10.46	$7.17	$6.18
Total day care expenditures	$70,537	0	0

[1] *For period October 1, 1965, to October 31, 1966. Includes only unemployed male heads of families not receiving AFDC.*
[2] *Range from low of 2.8 percent unemployment rate in April 1965 to high of 3.5 percent in July 1966.*
[3] *1966 annual average unemployment rates for 19 Eastern Kentucky counties:*

Bell	15.5	*Letcher*	11.4	*Martin*	20.4
Breathitt	31.3	*Knott*	18.3	*Morgan*	8.0
Clay	15.6	*Harlan*	12.6	*Owsley*	31.4
Floyd	14.2	*Knox*	20.7	*Perry*	18.3
Elliott	n.a.	*Magoffin*	23.9	*Pike*	14.5
Jackson	7.2	*Manifer*	7.5	*Wolfe*	18.3
Leslie	29.4				

[4] *Data on participant characteristics and services derived on basis of average number enrolled: (1) in Cleveland project, from March 1, 1965, to August 31, 1966; (2) in Eastern Kentucky project, from July 1, 1966, to December 31, 1966; (3) in St. Paul project, from October 1, 1965, to October 31, 1966.*

[5] *Mean age in years.*

Source: Based on data prepared by the Social and Rehabilitation Service, Department of Health, Education, and Welfare.

ern Kentucky 19 County Project) with two large urban projects (Cleveland, Cuyahoga County, Ohio and St. Paul, Ramsey County, Minnesota).

As the table shows, local labor market conditions, as measured by the area unemployment rate, range from a high of 31.4 percent in Owsley County, Kentucky, to a low of 2 percent in Ramsey County, Minnesota. The average trainee age is highest in Eastern Kentucky, standing at 39 years, and lowest (for males) in St. Paul at 35. Relatively, the Cleveland project has a higher proportion of women and also a higher proportion of nonwhite participants. An image of the differences in average education level becomes clear by comparing enrollments in Adult Basic Education: 86 percent in Eastern Kentucky, 23 percent in Cleveland, and 17 percent in St. Paul. When all of the above factors are considered, the wide variation in the effectiveness of these projects in terms of the employment rate is understandable.

The degree of control which the program manager exerts over these sources of variation in project effectiveness is a function of time and, of course, his willingness to exercise such control. At any given moment, the factors accounting for success are fixed: Projects are operating in given locations, facing given economic conditions, serving trainees with given characteristics with the resources available either through the project or in the community, and are being directed by project managers with varying degrees of competence. Theoretically, this moment in time could be as short as a month or as long as a year, since projects are approved for a year's duration and renewals and new projects are approved and funded each month during the year. For practical purposes, what this means is that it takes at least a year to make any radical changes in the overall effectiveness of the program by altering the distribution of projects (or altering the distribution of funds in projects) among areas with different economic conditions, types of trainees, and resource capabilities (including administrative skills). Moreover, the geographical distribution of projects is not open to unrestrained manipulation by managers of the program who are pursuing maximum program effectiveness. Their discretion is significantly limited by political considerations, State-Federal relations, and the very fact that one of the original purposes of the program was to demonstrate to all of the States the value of work and training programs for AFDC recipients.

Nevertheless, it is important to get a more precise measurement of the relative significance of the factors accounting for differences in the success of individual projects. Doing so provides a capability for identifying good, bad, and average projects which face essentially the same conditions. This is equivalent to saying that not all variation in project success can be explained by the factors which have been outlined. To the extent this is true, the crucial question then becomes: Is the residual variation unsystematically related to any cause or can it be identified with some unique attribute(s) of individual projects?

Although the problem has been stated comprehensively, the empirical solution remains piecemeal. Taking the employment rate of terminees as a measure of project effectiveness, the parameters in a number of regression equations were estimated, using the characteristics[2] of the trainees in the project and State unemployment rates as explanatory variables. Although these variables were tried in numerous combinations, the equation which yielded the best fit and explained the largest proportion of total variation in project effectiveness was the employment rate of terminees as a linear function of the unemployment rate in the State in which the project was located, the proportion of male trainees in the project, and the average age of trainees in the project.

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[2] *The characteristics used in the analysis were: (1) average education level; (2) average age; (3) male trainees as a proportion of the total number of trainees; (4) white trainees as a proportion of the total; and (5) health status as measured by the proportion of trainees terminating for reason of illness or disability.*

On the basis of this analysis, project categories were defined using State unemployment rates, percent male, and average age as stratification variables. The intervals chosen in defining the categories were:

Unemployment Rate (%)	Percent Male	Average Age
Less than 3.0	0-24.9	Under 30
3.0 - 5.9	25.0-49.9	30 - 39
6.0 - 8.9	50.0-74.9	40 and over
9.0 and above	75.0-100.0	

Each of the projects was then assigned to one of the 48 possible combinations of these variables.[3]

Developing a Project Rating System

Having identified projects operating under similar economic conditions and serving trainees with similar characteristics, a set of effectiveness measures was needed to order projects according to their success in achieving the objectives of the program. Four such measures were chosen: the employment rate of trainees, the occupational distribution of employed trainees, the average wage of employed trainees, and the proportion of trainees who went on to other training programs.

The occupational distribution of employed trainees and the average wage give some indication of the "quality" of outcome as opposed to the sheer success of a project in moving trainees into employment since such measures give some notion of the degree of improvement in the individual's economic status. Moreover, these qualitative measures give some subjective idea of the permanence of such improvements (all the effectiveness measures are based on trainees status [employed, unemployed, etc.] at the time of termination).

Those trainees going on to advanced training will ultimately be successful or unsuccessful in getting better jobs. If the exact results were known, it might be argued that this effectiveness measure could be discarded and the results in terms of employment, occupation and earnings of this group incorporated with those of trainees not going on to advanced training (recognizing, of course, that the outcome is the joint result of both Title V and other training programs). The point is academic, however, since follow-up information is not currently available on those going on to advanced training. On the other hand, disregarding this outcome altogether would seriously understate the accomplishment of those Title V projects which are geared primarily to preparing trainees for advanced occupational training under other auspices. Despite its limitations, the effectiveness measure is of value and is therefore included in evaluating project effectiveness.

Using the employment rate, occupational distribution, average wage and proportion entering advanced training as measures of project effectiveness, each of the projects is rated or ranked in relation to all other projects falling in the same category. The ranking of 20 projects falling in two of the 24 categories[4] is shown in Table 3. It can be seen that project C is 1 on placement, 5 on occupational distribution, 10 on wages, and 3 on advanced training. The rank which a project receives on any one effectiveness measure is also related to the total number of projects in a category. For example, project C is 1 out of 10 projects on placement, 5 out of 10 on occupational distribution, etc. An overall rating for the relative effectiveness of a project on all items is obtained by adding each of these ratios (1/10 + 5/10 + 10/10 + 3/10 = 19/10 = 1.9) to get an aggregate ratio or index. A low number indicates a relatively good project, a high number a relatively poor project.

[3] *It was possible, in most cases, to use unemployment rates for more narrowly defined geographic areas in preference to State unemployment rates. This information was obtained from published and unpublished data of the Bureau of Labor Statistics.*

[4] *Although there were 48 possible categories, all of the projects fell within one of 24 categories.*

Table 3. Work Experience and Training Project Ratings for Selected Categories[1]

CATEGORY I

Project	Terminees	Employed (percent)	Rank	Advanced training (percent)	Rank	Occupational distribution[2]	Rank	Average monthly wage	Rank	Index
A	106	38.9	10	24.5	1	55.9	2	$281.00	1	140.0
B	444	40.9	9	16.4	2	51.9	3	248.00	4	180.0
C	54	64.7	1	14.8	3	41.9	5	147.00	10	190.0
D	62	48.3	4	6.5	8	42.9	4	230.00	5	210.0
E	52	42.6	8	3.8	10	75.0	1	252.00	3	220.0
F	708	42.9	7	6.9	7	30.8	8	256.00	2	240.0
G	154	43.0	6	9.1	6	37.5	6	207.00	6	240.0
H	196	57.9	2	12.8	4	22.9	10	154.00	9	250.0
I	102	50.6	3	5.9	9	30.2	9	177.00	7	250.0
J	204	45.1	5	9.3	5	31.8	7	170.00	8	250.0
Project				CATEGORY VIII						
K	11	63.6	5	18.2	4	57.1	3	284.00	4	160.0
L	261	69.1	3	8.0	8	57.7	2	294.00	3	160.0
M	65	59.6	10	10.7	7	64.5	1	306.00	2	200.0
N	14	60.0	8	57.1	2	0.0	10	609.00	1	210.0
O	22	60.0	8	59.1	1	38.5	7	281.00	5	210.0
P	314	75.3	2	15.9	6	55.1	4	235.00	10	220.0
Q	23	65.0	4	17.4	5	44.4	5	250.00	9	230.0
R	64	61.0	6	20.3	3	33.3	8	251.00	8	250.0
S	40	82.4	1	7.5	9	8.4	9	270.00	7	260.0
T	160	60.3	7	3.1	10	43.8	6	274.00	6	290.0

[1] *Category I includes all projects operating in areas with unemployment rates less than 3 percent, serving trainees whose ages average 30-39 years, of whom less than 25 percent are male. Category VIII includes all projects operating in areas with unemployment rates of 3 to 5.9 percent, serving trainees whose ages average 30-39 years, of whom 50 to 75 percent are male. All project data are for fiscal year 1967.*

[2] *Percentages of trainees employed as managers, office workers, clerks, and operatives appear in column listing. The remaining percentage were employed as private and non-private household service workers, farm laborers, and other unskilled laborers.*

The overall rating gives a weight of 1 to each of the separate ranks. Of course, this would be altered if a different set of weights were used. To some extent, using uniform weights implies a higher value for the "quality" of outcome (in the sense that term was already used) since three of the four measures are more closely related to that aspect of effectiveness. The particular set of weights chosen reflects, of course, the relative importance attached by the evaluator to a particular result. At the present time, a uniform set of weights seems most acceptable to those using the system.[5]

[5] *An analysis of the pairwise correlation among the ranks in each category showed, in general, no significant relationship. In a few categories, however, there was a significant negative rank correlation between placement rates, average wages, and the proportion going on to advanced training. This suggests that the trainee considers a job today more attractive than advanced training, even though he may be told that in the long run such training offers a chance of a better job and perhaps better wages. This is not unreasonable if persons in this program discount the future significantly and attach a low probability to the effectiveness of training in raising earning power.*

Residual Variation in Project Effectiveness

It is apparent from Table 3 that there is considerable variation in project effectiveness even after local labor market conditions and trainee characteristics are taken into account. Two other factors previously discussed--the availability of services in relation to requirements and the administrative skill of the project director--would no doubt explain some of the remaining variation in project success. It is not possible to test this hypothesis at the present time because the necessary data simply do not exist. However, the following steps are being taken which will soon alleviate this problem.

An evaluation questionnaire has been developed to gather data which will identify shortages of critical services and provide some crude indicators of administrative skill in providing such services. The questionnaire, which is currently being modified as a result of field tests conducted in six Title V projects, should soon be ready for use on a wide scale. A sample of the kind of information being collected appears in Table 4 which lists responses to selected items obtained from the Columbus, Ohio, Title V Project.[6] The responses indicate that whereas the pretraining, employment, and remedial medical services were generally available and sufficient to meet trainee needs, educational and vocational services were in relatively short supply.

The availability of this kind of information for all projects would contribute greatly to an understanding of the causes of variation in project success and offer important clues about what is required to make a project more effective.

Uses of the Rating System

The original purpose for developing the rating system was to provide a way of identifying good and bad projects operating under similar constraints. The basic premise was that this would lead to the discovery of "best practices" which could be incorporated in poor projects, ultimately resulting in improvements in project and program effectiveness. Although this aim has not been aggressively pursued (in part because the system has only been in operation since September 1967), the system has been put to a variety of other uses.

First, a program and financial plan has been developed for fiscal year 1968 which shows tentatively those projects selected for phaseout and renewal; for the latter, possible funding levels are also shown. The information obtained from the rating system was an important input affecting these decisions.

Second, the system has been used extensively in negotiations with the Department of Labor concerning its expanded role in the Work Experience and Training Program. The Economic Opportunity Amendments of 1966 provided for a much closer relationship between the Department of Health, Education, and Welfare and the Department of Labor in carrying out the objectives of Title V. Beginning fiscal year 1968, projects to be funded now fall into one of three categories: Type I--no additional Labor Department input, i.e., the division of responsibility between HEW, Labor and other agencies is not changed; Type II--Department of Labor absorbs some of the manpower functions being performed by Title V employees; and Type III--all manpower functions are taken over by the Department of Labor. Faced with higher Labor Department costs per trainee and the prospect of an extremely tight Title V budget, it was essential to select Title V projects for additional Labor Department input in a way which maximized that Department's contribution to program effectiveness and minimized needless disruption in program administration (i.e., a changeover in responsibility for certain functions to no effect). Preventing such disruption has a clear additional benefit: given fixed sums for training in all three categories, more trainees can be served in Type I projects

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[6] *The information is based on interviews with the Project Director, project staff, and case records.*

Table 4. Responses to Selected Questions from Evaluation Questionnaire Columbus, Ohio, Title V Project[1]

Service	Number of Trainees	
	Needing Services	Receiving Services
1. Pretraining Services		
a. Preparation for employment[2]	150	150
b. Instruction in home management[3]	150	150
c. Instruction in child care	150	150
2. Employment Services		
a. Guidance and employment counseling	150	150
b. Testing	75	75
3. Remedial Medical Services		
a. Physical exam	50	50
b. Dentures	20	10
c. Eyeglasses	10	10
4. Educational Services		
a. Adult basic	50	36
b. High school equivalency	45	15
5. Vocational Instruction	150	[4] 26

[1] *The information in this table was collected during an on-site evaluation of the Columbus Project on October 10 and 11, 1967.*

[2] *Personal hygiene, attitude toward work orientation, and motivation.*

[3] *Diet, consumer education, nutrition, etc.*

[4] *The 26 were distributed among the following vocational training courses:*

Cosmetology	15	*Auto Mechanic*	2
Operating Room Aides	3	*Automation (IBM)*	2
Practical Nursing (LPN)	2	*Barber*	2

because HEW costs per trainee are lower than those of Labor. The rating system in conjunction with the evaluation questionnaire will continue to play an important role in determining the desirability of continuing a project as it is (Type I) or converting it to a Type II or III project.

Finally, the rating system provides the potential for spurring better project management by the very fact that it exists and is being used. Leonardo da Vinci once classified people as follows: those who see, those who see when shown, and those who do not see. G. B. Shaw proposed two categories: those who can and do and those who can't and teach. With a slight modification all of these can be combined: those who see and do, those who see when shown and do, those who see and don't do, those who see when shown and don't do, and those who don't see and don't do.

Most of the discussion so far has concerned measures to improve the op-

eration of programs administered by the first two of the above combinations. Unfortunately, among the administrators and managers of any program, there are some who fall in the latter three. Motivating this group to adopt the "best practices" of the others essentially involves three approaches. The first would convince people to behave differently by making them knowledgeable of the *full* consequences of different courses of action. The assumption here is that people don't do the right things because they are ignorant of the consequences. The second method would provide punishment for not doing the right things. One apparent difficulty with present practice in this respect is that the subtleties of punishment are rarely relied upon. Instead, the ultimate weapon is used--that is, threatening to cut off a project if it is bad. The third is the method of reward for good works, what has been described as doing well by doing good. Unfortunately, the present system of compensation does not reward all individuals according to their contribution. Quite frequently, reward is based on endurance of the individual and how successful he is in keeping out of trouble. Here, the compensation system itself is probably beyond reform. Other ways of rewarding excellence such as monetary awards, medals, and other badges of real success must be used.

The rating system has ingredients of all these methods: the project director's actions bear directly on whether a good or bad score is attained for the project. A bad score is a punishment in itself and also contains the threat of possible unpleasant events to come; a good score is a reward in itself and assumes continued support of the project and a minimum amount of meddling by major and minor figures in the administrative hierarchy. For this reason alone, the extension of this or analogous systems to other programs in the Department of Health, Education, and Welfare and throughout the Government offers one of the most promising ways for increasing the return on the Federal investment in human resources programs.

A place to go and a place to be from...

The Neighborhood Service Center

EDWARD J. O'DONNELL*

Man is increasingly implicated in a complex network of agencies and institutions on which he is more and more dependent and over which he has less and less control. He is caught up in currents of organizational centralization and formality, and occupational specialization and impersonality. The net result is a sense of powerlessness and alienation on the part of man, and a sense of ponderousness and fragmentation on the part of organizations that serve man. A new wave of "consumerism" is one response to these forces at play; the neighborhood service center is another.[1]

Consumer interest is both fostering man's involvement and forcing organizations to respond. Few institutions will remain untouched. Increasingly, for example, the teacher must pay attention to the student, the principal must listen to the teacher, the superintendent must respond to the principal, the school board member must react to the superintendent, and, of course, the citizen demands an answer from the school board member. Moreover, while much of this is happening simultaneously, there is often no neat and orderly chain of participation. Students feel free to take their collective claim directly to the public; indeed they now confront and challenge society at large.

Man is thus becoming more discriminating, his social machines held more accountable. Much of this confrontation is taking place in the neighborhood--probably not the old neighborhood--more likely some organization's "target area." In this respect, the reincarnation of the neighborhood center is a significant organizational innovation. It holds promise of creating hardy little Davids to contend with bureaucratic Goliaths.

A neighborhood center is all at once an idea, a meeting place, a rallying point, a symbol, and, of course, a service setting. It is a place to go and a place to be from; it is a point around which to organize citizens and a platform from which to launch a variety of programs. Here people may serve themselves and themselves be served.

This paper will outline some of the expectations held and promises made by and for neighborhood centers, sketch the variety of uses to which centers are put, describe some program efforts in this direction, trace some historical developments pertinent to this movement, and point to some lessons learned.

The Return to the Neighborhood

Churches, universities, industrial corporations, commercial establishments, museums and libraries, among others, are decentralizing their operations and reaching out to people in novel, interesting and at times apparently productive and profitable ways.[2] The "neighborhood theatre in the sky" advertised by one airline company is a recent manifestation of this phenomenon. In such "neighboring" processes, however, different organizations

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For references see end of article.

have different agenda. Some are seeking to improve their product, others their public image. Some are concerned more about what they deliver, others with how. Presumably, all are concerned about the people they serve--their consumers, their customers, their clients. In one way or another, however, this neighborhood movement is variously expected to further the acceptance, increase the use, strengthen the support, and render more effective the purpose and/or product of the organization. It is reasoned that the recipients of such goods and services are more easily and meaningfully involved by this approach and made to feel a part of the process.

Planners of "new towns" are proposing neighborhood centers to foster a sense of community; psychiatrists are proposing such centers to cope with racial issues. All kinds of claims are being made, all sorts of expectations held out. Some professionals are seeking to strengthen family life, others the democratic fabric of our society. Some advocates want neighborhood city halls for political wheeling and dealing; others want neighborhood town halls for social discussion and debate. Some would like to see centers with clubrooms; others imagine centers with clout. Still others view the neighborhood center as offering a vast potential for the more effective delivery of desperately needed services. The neighborhood approach is hailed as a panacea--*the* solution to any number of ills. Not only can it deliver services, but promote democracy, fight bureaucracy, restore dignity, recapture pride, insure participation, prevent discrimination, overcome powerlessness and guarantee justice. It will provide for the havenots and bring the leftouts back in. It is as if no problem should long remain unconquerable--such is the presumed power of this idea.

The broad social welfare arena offers no exception to this trend and a host of social agencies and institutions are moving toward providing and/or organizing services in neighborhood centers. These include legal, medical, psychological, educational, and social services for people who feel put out, put on, put down, and put upon. Parallel housing and employment services geared to finding decent homes and satisfying jobs are also being developed on a decentralized basis.

The precise mix of these diverse center activities, however, will depend on a variety of factors, including: the mission of the agency, the knowledge, values, attitudes and skills (not to mention the numbers) of the center staff, the resources available to its sponsors and supporters, and the prevailing sociopolitical climate. Because people and programs differ, they tend to make different demands on the neighborhood center and stake potentially competing claims for its attention and direction. Differing perspectives yield differing goals and invoke differing strategies for their accomplishment. The service-oriented will see the center, for example, as merely a convenient and presumably effective way to get services to those who most need them; the action-oriented will view its existence as a last ditch and fairly desperate attempt to bring democracy to the grass roots. Still others will insist that these "service" and "action" functions are inextricably intertwined, citing the fact that some neighborhood centers promote collective action in order to obtain needed social services and that others provide social services in order to engage in necessary social action.[3]

Conceptually, a neighborhood center, then, is a many-splendored thing; much is expected of it. Ideally stated, the setting for the neighborhood service center must be physically and psychologically visible, accessible and comfortable. Its services must be integrated, relevant, comprehensive and coordinated; they must be consistent with the values and life styles of the neighborhood.[4] Its social action must be carefully planned and well executed, appropriate to local needs and related to the larger community; it must meaningfully involve neighborhood residents. Its staff must be flexible, responsible, reliable, friendly and competent and must also be acceptable to the center's consumers.[5]

As one reviews and considers the variety of potential functions for neighborhood centers, a number of familiar issues present themselves. Among them: Who is to benefit? Individual residents? Their families? The neighborhood? The community-at-large? Society perhaps? Today? Tomorrow? Whose claims will be honored? Whose demands met? How will the wheels turn? What about the big ones? How will the squeaking ones be handled? How will decisions be made about potentially incompatible center functions? Who will make them? Can a center simultaneously serve individuals and organize a neighborhood? Can services be both comprehensive and coordinated? Can social action meet the needs of the neighborhood and the community as well? Can staff be personally friendly and, at the same time, professionally proficient? Can staff members with radically different training and background work together on behalf of clients? Can a center prove sufficiently challenging and rewarding over time to sustain the interest and support of the professional and parent organization? Can a center recover sufficiently from yesterday in order to act for today while planning for tomorrow? These and related issues will be drawn in more detail in a forthcoming paper which considers research evidence as to the relative effectiveness of neighborhood centers.

Public Efforts

On the Federal level, the Department of Health, Education, and Welfare and the Office of Economic Opportunity are largely responsible for most of the service programs and projects that are currently developing in neighborhood centers. In their respective areas of responsibility, the Department of Housing and Urban Development and the Department of Labor are providing relevant housing and employment resources and services.

Two major agencies within HEW--the Social and Rehabilitation Service and the Public Health Service--are vitally interested in the development of community and/or neighborhood centers as vehicles for the more adequate and effective delivery of services. The Office of Juvenile Delinquency and Youth Development, SRS, for example, has pioneered the promotion and evaluation of a variety of neighborhood programs.[6]

With respect to State and local developments, some 36 State welfare agencies reported more than 350 full time district and "neighborhood" offices in operation in 1966. In a number of larger cities, public welfare programs have been decentralized to serve more effectively residents of low income and "special" neighborhoods such as public housing projects. In New York City, for example, the public welfare department is developing a complete network of service centers in such areas with "satellite" centers serving even smaller neighborhoods. The first of some 50 projected satellite centers was opened in the summer of 1966 in a West Harlem neighborhood.[7]

The desirability of providing comprehensive services to individual clients on a coordinated basis is widely recognized. The Advisory Council on Public Welfare, for example, in its Report to the Secretary of Health, Education, and Welfare, has urged that "public welfare programs be structured to provide even more effective social services, medical assistance and income maintenance in readily accessible local centers, properly staffed and organized." The Council further observed that "increasingly, public welfare programs may become associated with a complex of special services."[8]

Just as the SRS seeks new ways to more effectively serve the public welfare, the organization and delivery of quality health care to all is of central concern to the Public Health Service. The Report of the Advisory Committee on HEW Relationships with State Health Agencies has similarly stressed the potential contribution of neighborhood-based services.

> We believe that increasingly health services should be made available to individuals through neighborhood or similar centers that provide coordination with other related

social services--welfare, employment, and legal aid.[9]

In the mental health area, the National Institute of Mental Health, PHS, through the Community Mental Health Centers Act of 1963 and the Amendments of 1965, is supporting the development of comprehensive community centers. Some 50 such centers are already fully operational and present plans call for the establishment of a total of 500 by the end of this decade. Not unlike other developments already noted, these centers propose to "provide a community service; provide needed service for persons unable to pay; coordinate with other health planning efforts and do planning in urban development, welfare services, and related areas."[10]

The Office of Economic Opportunity, through its Community Action Agencies, is currently supporting some 1,600 neighborhood centers in over 400 communities across the country.[11] OEO believes that the neighborhood center should be the focal point for community action, that it should belong to the people it serves and that its main function is to respond to the needs of the neighborhood.[12] In short, the center should be of, by and for the people of the neighborhood.

From the beginning, Community Action programs took cognizance of a number of serious problems, namely: that many people do not know about services; that services are often far away; that services and programs tend to be fragmented; that existing services are inadequate; and that the poor are frequently treated as second-class citizens. The neighborhood center as conceived by OEO is thus an instrument for dealing with these problems. Centers are encouraged to perform outreach, referral, and follow-up functions; promote decentralization of services and programs; provide for coordination of services; seek to modify and improve existing services; and foster neighborhood involvement.[13] Consistent with OEO's policy of "maximum feasible participation of the poor," neighborhood centers are urged to employ and otherwise involve a large percentage of neighborhood residents--particularly the poor--in their operations. In the 1,600 neighborhood centers, for example, some 8,800 nonprofessional neighborhood residents are employed in a variety of ways.[14] OEO also sponsors neighborhood legal services in 45 of the nation's largest cities, involving some 1,500 lawyers in over 700 neighborhood law offices.[15]

The OEO sponsored neighborhood health center is still another development geared to "preventing the poor from getting sicker, and the sick from getting poorer."[16] At least 20 such centers have already been established, 7 in rural areas, with present plans calling for their rapid expansion during the next several years. Programs are under way in Boston, Chicago, Denver, Detroit, New York City, Pittsburgh, San Antonio, San Francisco and at least two rural areas in Kentucky. A health center is now being developed in the Watts "neighborhood" of Los Angeles. This new center has been planned in cooperation with Watts residents and will seek to employ local people as health assistants. The Watts center will be staffed with 25 full-time physicians associated with the University of Southern California Medical School.[17] Other neighborhood health centers reflect a variety of administrative and professional auspices and arrangements.[18]

The newest addition to OEO's family of centers is the Parent and Child Center for children under 3 and their families. Some 30 cities have been invited to submit plans for developing such centers in low income neighborhoods.

The Department of Housing and Urban Development has also evidenced concern for the provision of relevant neighborhood-based services. Through its Neighborhood Facilities Grant Program and Demonstration Cities Act, HUD is promoting the development and deployment of resources in target areas. The neighborhood center concept will obviously be crucial to the accomplishment of these objectives.

HUD's Neighborhood Facilities program, for example, authorizes grants for the construction and development of neighborhood centers in low income areas.

Preference is given to those projects furthering the goals of OEO's Community Action Program.[19] The construction of some 95 neighborhood facilities supported by HUD is currently under way.

The Department of Labor, through its Employment Service, is supporting Youth Opportunity Centers, Human Resources Development Centers, and Comprehensive Manpower Service Centers.[20] Since 1965, the Bureau of Employment Security has established 170 Youth Opportunity Centers. Located in low income neighborhoods adjacent to business districts, they provide information, counseling, testing, referral, placement and follow-up services to young people 16 to 21 years of age.[21]

An additional tribute to the problem-solving potential of neighborhood-based services is a Bill entitled the "Neighborhood Development Corporation Assistance Act" which was recently introduced in the Senate.[22] The dual purpose of this act is to encourage and assist residents of urban neighborhoods to become responsible decisionmaking citizens and to form organizations for the purpose of improving local conditions.

As still another reflection of the marked interest in neighborhood-based service coordination and delivery systems, a White House Task Force composed of representatives of HEW, OEO, HUD and Labor recommended the establishment of a national network of some 500 "one-stop" centers "in the heart of low income urban neighborhoods and in rural areas which have a concentration of poverty." The Task Force viewed the development of such centers as "an attempt to locate outposts of major public services in neighborhoods, to coordinate such services, to make them easily available to the individual and families living in low income neighborhoods, to adapt them to the needs and desires of the users, and to bridge the gap between people in neighborhoods and more centrally located services."[23]

In a speech in Syracuse in August 1966, President Johnson pledged to establish "in every ghetto in America" a neighborhood center to serve the people who live there. In response to the President's pledge a critical experiment in Federal/State/local cooperation has begun. Known as the Neighborhood Service Pilot Program, five government agencies and 14 cities are working closely together to effect better coordination and integration of resources. The cities authorized to move forward with their plans are Boston, Chattanooga, Chicago, Cincinnati, Dallas, Detroit, Jacksonville, Louisville, Minneapolis, New York, Oakland, Philadelphia, St. Louis and Washington, D.C. For their part the communities have surveyed their resources and submitted proposals for neighborhood center service programs based on local needs and local desires.

The five participating agencies--HEW, OEO, HUD, Labor, and the Bureau of the Budget--are coordinating their efforts. HUD serves as convener while BOB has been given the responsibility of evaluating the entire effort. Effective working together at all levels, from the Federal Government to the local neighborhood, will obviously be crucial to the success of this pilot project. In essence, this pilot program represents a major effort aimed at demonstration and evaluation of how well Federal, State, and local human service agencies work together in developing innovative and integrated service delivery systems with broad and productive participation by residents of the neighborhood.

The same concern for effective integration and coordination of resources at the State and community level is reflected in still another Bill recently introduced in the Senate entitled "Community Services Act of 1967."[24] Under this legislation, planning grants would be made to State coordinating councils for the development of service programs and the construction of community service centers.

Private Efforts

Efforts to decentralize resources have obviously not been limited to the public arena nor are such efforts necessarily a

recent phenomenon. By 1960, there were some 800 neighborhood centers operating under private auspices.[25] In the past few years, voluntary agencies have accelerated their efforts at making services more accessible and relevant to "hard core" families in low income areas, and a number of associations have developed in response to one neighborhood need or another. Among other organizations moving into these areas are family agencies, mental health centers, and settlement houses.[26] Indeed, since the turn of the century, the settlement house movement has pioneered the neighborhood approach to problem solving and in recent times outposts and storefront operations have been established. While the settlement movement has emphasized somewhat different approaches at different times during its long history, the concern for "neighborhood" and the "reform" of society remain at the core of its program thrust.

> Today, as in the past, the role of the settlement has two aspects as inseparable as the two faces of a coin: function, that is, its services to individuals and its neighborhood; and cause, its leadership in analyzing, mitigating, and helping to eradicate factors that make for suffering and breakdown.[27]

While the modern-day neighborhood center owes a profound debt of organizational and ideological gratitude to the settlement house, its form and substance has also been shaped by other influences. The early Charity Organization Society movement of the last century and the Community Chest and Council movement of this century have also contributed to the more coherent coordination and delivery of services and effective organization of neighborhoods for collective action. Out of such movements have evolved viable neighborhood councils and related organizations. Councils of Social Agencies and later Community Councils, for example, have traditionally operated information and referral services which seek to link up the needs of individuals and families with appropriate community agencies and institutions. These services are available to many low income neighborhoods through decentralized offices or free telephone service.

Other important contributions to the neighborhood target area approach to problems are the Mobilization for Youth program of New York City and the Ford Foundation Grey Area projects. These more recent private efforts, in turn, have implicated parallel and complementary public efforts. For example, the MFY program (which grew out of the Henry Street Settlement on the Lower East Side) was supported initially by the National Institute of Mental Health and later by the Office of Juvenile Delinquency and Youth Development. The establishment of the President's Committee on Juvenile Delinquency and Youth Crime in 1961 and the subsequent launching of the War on Poverty are still other developments in our recent history that have contributed significantly to the growth of community action programs and neighborhood service centers.[28]

Early Community Experiments

Perhaps at this point, however, it would be helpful to review briefly, but somewhat more specifically, a few recent trends and developments of relevance to neighborhood centers. Some examples of local experiences might well provide a useful context within which to view the current scene.

In 1950 there were some 88 independently administered and separately staffed health clinics of one kind or another serving the city of Philadelphia. Condemned by professionals as fragmented, inefficient and of relatively poor quality, they were operated at the neighborhood level in store fronts, churches, abandoned fire houses and police stations, and in converted private residences. Eventually, these clinic services were coordinated and integrated into nine newly constructed modern district health centers, each serving populations of approximately 200,000. Well staffed and efficiently operated, the new centers were supplemented by some ten satellite clinics.

A generation earlier, in the twenties, the city of Boston had sought to deal with some of the same problems in some of the same ways. Writing in 1933 about Boston, Wilinsky pinpointed a number of pertinent issues which today have an all too familiar ring.

> Gaps in the programs, duplication and consequent waste, frequent inefficiencies and misunderstandings, could not help but lead to the conclusion that there was a great need for better coordination and correlation, more efficient organization, and more harmonious understanding between those agencies concerned with the public health and with the amelioration of human suffering.
>
> It has been well said that the fault of public health administration in large cities particularly was due to the fact that it was too far removed from the people it attempted to serve.[29]

In response to these issues, the city of Boston established (as Philadelphia was to do a generation later) a chain of "modern" neighborhood health centers designed to serve specific target groups. Here again, well considered attempts were made to recognize serious problems and take relevant steps to deal with them. To resolve the issue of inaccessibility and remoteness, the new centers sought to move closer to the people; to deal with the issue of comprehensiveness of care, other services were co-located in these centers; to deal with the issue of fragmentation, representative boards of directors were established to coordinate these services. The Boston centers, for example, were developed in low income neighborhoods where residents had severe health problems and little or no access to adequate care. Community social agencies such as Public Welfare, Catholic Charities, Jewish Philanthropies, and Family Services established offices in these centers, and space was provided for organized recreation and neighborhood meetings.[30]

Nor was the question of more accessible and comprehensive service delivery the only item on these agenda. Following the "settlement" tradition, some of these early centers were very much oriented to the neighborhoods they served. A 1915 report of one of New York City's experimental health centers alludes to this interest.

> It was designated as an experimental district. First, to demonstrate the feasibility of combining the Health Department functions of the district under the direction of a local Health Officer; and second, to cultivate among the people of the district a cooperative spirit for the improvement of their health and sanitary conditions.[31]

While a change in local government interrupted the logical development of this experiment, it did demonstrate the value of consolidating health functions at the neighborhood level. Moreover, it paved the way in 1921 for a sustained concerted effort on the part of 21 public and private agencies to improve the delivery of social and health services in East Harlem. Operating out of a central office building, the cooperating agencies continued to serve Harlem residents for the next 13 years.

Indeed, in some of these earlier efforts, there is indication that citizen participation, even more specifically resident involvement, was attempted. In 1920, the "New Haven Health Center Demonstration" was launched and for three years concentrated on providing preventive services, with mixed success, to a largely foreign born population. Along with representatives from a variety of organizations and agencies, "citizens at large" served on a center board composed of 21 members. With regard to these attempts at neighborhood organization it was noted:

> Efforts by the center to develop active participation by the citizens of the locality were relatively unsuccessful. This fact... illustrates the necessity of offering a kind of service that a district wants as well as needs.[32]

Obviously, easier said than done--perhaps particularly so given the potential

for incompatible wants and needs. Traditionally, wants have been expressed by one group (usually the clients--the receivers of services) and needs identified by still another (characteristically the professionals--the givers of services). It follows then that to the extent the consumer (client) participates in both defining and deciding what is to be done, the once exclusive domain of the provider (professional) is thereby diminished. The issue of the consumer-defined response to the provider-defined solution is illustrated in a recent editorial which recounts the Philadelphia experience and reflects a current mood:

> But after 18 years of planning and a decade of construction, what do citizens really want? Not... district public health centers but rather a network of some 40 multipurpose neighborhood centers. This interest in neighborhood service is so intense that the citizens would prefer to return to the store front clinic, the church station, the renovated private dwelling, rather than to suffer the remoteness of the district health center, no matter how comprehensive or how high the quality of the service afforded. They miss the intimacy inherent in small size, with familiarity and close identification with the health worker. They demand local character, recognition of neighborhood groups and reflection of neighborhood needs.[33]

In part, the issue turns on the extent to which the "local character" can compensate for the poorer quality, or higher cost, or whatever else may be involved. In the Philadelphia story it appears that local citizens would be willing to exchange intimacy and familiarity for comprehensive care, and close identification with the health worker for quality service. Perhaps they would. But should they? Must they? Indeed, could not efforts be concentrated in bringing people to services rather than services to people? Still other issues, of course, present themselves, among them: the definition of "they"--the specification of "which" neighborhood groups are relevant; the deployment of organizational resources, and the degree to which professional judgment and commitment can be accommodated. In some of the Boston Health Centers, for example, some of the sectarian agencies have long since followed "their" clientele to neighboring areas or into the suburbs. Other agencies have withdrawn their participation from the centers in an attempt to reallocate their resources in a manner more congenial to their sources of support. Thus the problem of a moving target area. In still other instances outposted specialists may not be able to sustain their own motivation and interest. Further, the specification of one target group in one target area inevitably disattracts other potentially needful groups. A situation of robbing Peter to pay Paul may be created. Finally, there are certain built-in constraints and limitations on the agency that hopes to organize services--a kind of nebulous stigma attaches and services may be viewed as somehow contaminated. It may behoove us not to put all our program eggs in one organizational basket!

A Look Ahead

The neighborhood center of today, then, must confront some old issues and some new ones too. Problems of specialization, fragmentation and coordination, not to mention "contamination," "green tape,"[34] and the "pauperization" of services in low income areas are particularly pertinent. Certainly the increasing participation of the user of the service and the extent to which both provider and consumer can be satisfied with the end product represents a major issue. Value choices and priorities aside, the professional/planner (provider) must be satisfied with the quality of the "potion"--whether a prescription for pills, patience, or power; while the patient/client (consumer) must feel satisfied that it works--he must have results. But the provider and consumer must first get together--for

the provider to give what he has and for the consumer to take what he needs. Services must be so organized as to permit this mutually satisfying and mutually acceptable give and take.

In terms of the basis on which services may be effectively organized--in particular with respect to decentralized service delivery--Ryan has suggested:

> The principle to be followed is simply stated: decentralize those aspects of service that are more generalized and need to be integrated at the point of delivery; aspects of service that are more specialized, expensive or rarely used would be centralized, as would be those that require scarce, highly trained staff or that benefit from the efficiency and economy of centralized operation.[35]

Once stated, however, it remains to reconcile the principle to the complex demands of center administration, provider/consumer perceptions and neighborhood organization. Services, for example, may be extremely useful but not much used; similarly, they may be used but not very useful. Merely to move closer to the people is clearly not enough. Carter has put the matter this way:

> Services that people do not like or want, they will not use whether they are next door or an hour away. Decentralization must offer more than the imposition of the unwelcome on the unwilling. It must move into a new dimension, a new conception of what services should be as well as where they should be. Services, to have impact on problems, must earn acceptance; and acceptance implies participation, particularly when we are dealing with the traditional recipients of services--the disadvantaged and the dependent.[36]

At the same time, it must be recognized that professional insight and judgment are relevant and must be given their due. Placebos, however acceptable, must be avoided--perhaps even when the "patient" is made to feel better. Within the rather severe limits imposed by this medical analogy--medicine has had a long and distinguished history of tasting "bad" but being "good."

Summary

Human beings seem to have an enormous capacity to compartmentalize and rationalize their attitudes and behavior. Given the forces of democratization and the "professionalization of everyone,"[37] aided and abetted by a current emphasis on consumerism, the temptation is great to succumb to the notion that everyone knows as much as everyone else. Indeed, the professional who once knew he knew better now knows it less well, while the layman who was once convinced he knew much less is now much less convinced.

It is perhaps unsettling to contemplate that the physician or lawyer who expects passive acceptance and compliance on the part of his patient or client on the grounds that he, the professional, knows better, is the same irate PTA goer and taxpayer who has no doubt that he could build a better school or run a better city hall. But perhaps it is reassuring, too. It will be even less unsettling and more reassuring when all men can exercise the same right to be heard, to demand service and satisfaction, to have a hand in shaping their world.

And so efforts are continually renewed in dealing with sometimes old and sometimes new--but always difficult problems. Some old organizational forms, some new ones. Some old mistakes are surely avoided, but some are repeated too. May we repeat fewer and fewer mistakes. We need not continue to deceive ourselves by imagining that irrelevant, inappropriate, unhelpful services are any less so wrapped up in a novel neighborhood package. We know that some people can help themselves if only given the opportunity, but that still others need to be helped to this point. We know that consumers need to participate in the planning and provision of services, but the professional cannot abdicate his responsibility to contribute to this process.

The press for neighborhood-based resources to meet local needs is accelerating. With the proliferation of programs, however, the task of coordination and integration of services becomes more and more challenging. Unless services are made more coherent and relevant, and unless there is some attempt to more effectively, and with sufficient authority, mesh different programs, they will remain as fragmented and uncoordinated as ever--but now on a neighborhood level. Unless consumers are made to feel a part of the process, and unless they have a "piece of the action," they are likely to remain as isolated and alienated as ever--but now even more painfully and bitterly aware of it.

Alert to these issues, a number of agencies and organizations, both public and private, are thus implicated in complex efforts to do what they can on their own and to do what they can together. Each effort, however, while opening some doors, closes still others. One organization, for example, may be able to move swiftly and efficiently but deliver only half a loaf. Many agencies operating in concert may finally find a way of coordinating their efforts but deliver a loaf that is only half-baked. In the meantime, clients and consumers are hungry--and clamoring to be heard, if not fed.

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31. New York City Department of Health Annual Report, 1915, quoted in Hiscock, op. cit., p. 13.
32. Hiscock, op. cit., p. 18.
33. Editorial based on a paper by Norman R. Ingraham presented at the 15th Annual Pennsylvania Health Conference, *Journal of Public Health*, Vol. 56, No. 11, December, 1966, p. 1988.
34. See Martin Rein and Frank Riessman, "A Strategy for Antipoverty Community Action Programs," *Social Work*, Vol. 11, No. 2, April, 1966, p. 10.
35. William Ryan, "Restructuring City Government - Three Proposals for Human Services." Paper presented at the National Conference on Social Welfare Annual Forum, Dallas, Texas, May 24, 1967, p. 4.
36. Lisle C. Carter, Jr., "Optimum Social Welfare Through Planning, Participation, and Manpower," *HEW Indicators*, U.S. Department of Health, Education, and Welfare, Washington, D.C., January, 1967, p. 28.
37. For an analysis and discussion of this "phenomenon," see Harold L. Wilensky, "The Professionalization of Everyone?" *The American Journal of Sociology*, Vol. LXX, No. 2, September, 1964, pp. 137-158.

NOTE

The Culture of Youth*

The emergence of the age group from 12 to 20 as a subculture of the larger society is being experienced throughout the world. As Bernard Russell, former Director of the Office of Juvenile Delinquency and Youth Development, points out in the Foreword to this booklet: "We need to know more about the subculture of youth if we are to appreciate its positive values and curb its negative excesses."

In a discussion of the definitions of "culture" and "subculture," the author of this study, Professor Marvin E. Wolfgang, Graduate Chairman of the Department of Sociology at the University of Pennsylvania, assumes that a subculture is a part of the larger social system, accepting some of its values and beliefs, at variance with others, and holding some unique to itself. Youth, accordingly, is treated as a subculture.

One of Professor Wolfgang's themes is that youth today undergo a longer period of socialization which contributes to a longer period of dependency. More young people than ever before go on to college and thereby delay their full-time entrance into the world of work and their assumption of adult roles. At the same time, young people, in general, have more money and privileges today and constitute a large bloc of purchasing power. Youth of high school age are assuming privileges, behavior, and attitudes previously associated with those of college age. However, as the author observes, "This extended socialization is accompanied by the problem of poor adult models." Furthermore, the accelerated pace of social change encourages alienation from society and between generations: "So rapid is current social change that the youth of today have difficulty projecting a concept of themselves as adults."

Professor Wolfgang goes on to discuss the evolving concept of masculinity in American society. On the frontier physical aggressiveness was an admired masculine trait. This still appears to be true among some lower-class groups. For example, sociologist Herbert Gans in his book *The Urban Villagers* describes the Italians of Boston's West End as a group admiring and fostering masculine dominance. In many Negro families boys lack a father-figure to emulate and this, he contends, may lead to the rejection of female dominance which in turn may result in physical aggressiveness. The study cites sociologist Talcott Parsons as saying that being a bad boy can become a positive goal if goodness is too closely identified with femininity. Middle-class boys, in accordance with dominant American values, are more apt to symbolize their masculine identity by developing their wit, financial acumen, ability to handle people and intellectual talents. It may be, the author indicates, that as the disparity in values and norms between different social classes is reduced, lower-class boys may increasingly manifest their masculinity in ways other than direct physical aggression.

As for the relatio: ship between youth and violent crime (defined in the booklet as criminal homicide, negligent manslaughter, forcible rape, aggravated assault, and other assaults), Professor Wolfgang states that the available evidence does not substantiate the public's general belief that the juvenile population is increasingly responsible for violent crime. Most recorded juvenile delinquency today, he adds, involves property offenses. Citing the inadequacy of data on juvenile crime, the author prefers to attribute any overall increase in juvenile delinquency to the overall increase in the adolescent popu-

*The Culture of Youth by Marvin E. Wolfgang, 1967, 29 pp. This study was written under contract with the Office of Juvenile Delinquency and Youth Development, U.S. Department of Health, Education, and Welfare, and published by the Department.

lation stemming from the high birthrates of the 1940's.

He points out the difficulties in trying to draw meaningful conclusions about juvenile crime when the true nature of the problem is often elusive. For example, he reports that relatively minor acts of juvenile delinquency are often recorded with a misleading legal label and this tends to inflate crime statistics. Age-specific rates for various crimes, moreover, are often unavailable. About 70 percent of major crimes known to the police remain unsolved by arrest, and therefore it is impossible to know how many of these are committed by adults and how many by juveniles.

A table shows urban rates of crimes of violence for persons arrested in the 10-17 age group, covering the years 1958 through 1964. The highest rates of increase are in assault categories. The author points to studies which may indicate that violent crime is statistically more prevalent among lower-class boys than among middle-class ones. He believes that to some extent certain characteristics of American society such as rapid social change and the movement of people into urban areas may contribute to delinquency.

Although the life styles of white, middle-class youth and poor Negro youth are dissimilar, Professor Wolfgang points out that, in general, young people, Negroes, and the poor share certain characteristics. For example, all are on the margin of power in American society; each in turn may be considered a subculture (although there is overlapping); all may be denied access to certain schools, jobs, clubs, and other facilities; all manifest a disparity between aspiration and achievement. All three groups, Wolfgang believes, are searching for meaningfulness, identity, and social justice. All are protesting against their powerlessness and are trying to participate in making decisions which affect them. Although many adolescents today--especially students--identify with civil rights and anti-poverty causes, Wolfgang does not see their protestations as ideological or political in nature.

The main difference between the three groups is delineated: adolescence is a temporary phase, whereas being Negro is, of course, a permanent status and being poor often is, too. The reviewer thinks the author may have overstated the identification of the status of youth with the "deprivation and disenfranchisement" of Negroes and the poor.

A noisy minority, it is pointed out, sometimes grabs headlines, but the majority of youth, far from rejecting all authority and rebelling against society, are eager to participate in it. With the achievement and often the conformity which come with growing up, there is always need, concludes the author, for a "new flow of youth into the culture."

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*U.S. Government publications for which prices are listed may be ordered from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 (25 percent discount on lots of 100 or more). Inquiries or orders for other publications should be directed to the publisher or issuing agency.

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Program and Operating Statistics

Public Assistance in August 1967

The number of recipients of aid to families with dependent children turned abruptly upward in August. The increase from July of 80,000, or 1.6 percent, was the largest increase for a summer month in the history of the program. More than four-fifths of the States reported July-August increases, with New York State reporting a rise of 30,000 persons. During the past 12 months, the number of recipients of such aid in the country as a whole increased 578,000, or 12.9 percent. During the year, increases of more than one-fifth occurred in Delaware, Hawaii, Kentucky, Massachusetts, Nevada, New York, Oregon, and Vermont. Of the national increase over the year, California and New York together accounted for 261,000 or 45 percent of the total. In California the monthly change from July to August of this year was negligible. Increases also occurred in numbers of recipients of money payments under all other programs in August. For general assistance, 47,000, or 7.0 percent, more recipients were aided than in July. Increases in the numbers receiving old-age assistance, aid to the blind, and aid to the permanently and totally disabled were relatively slight.

Expenditures for assistance, including vendor payments for medical care, totaled $679.3 million in August--an increase of $49.5 million from the total for July. An increase of $8.6 million occurred in money payments to recipients, with larger amounts reported for all programs. The total of $262.5 million for medical vendor payments represented an increase of $40.9 million or 18.5 percent, from July, with the major portion of this increase occurring under the title XIX program. In August, expenditures for payment of medical bills amounted to 38.6 percent of the combined total for such expenditures and money payments to recipients.

State agency action in two States was responsible for increases in average money payments to recipients of aid to families with dependent children. In Iowa the percentage of need met through the assistance payment was increased from 82 percent to 95 percent. As a result, the average monthly payment per recipient increased $6.50. In Hawaii the average payment per recipient was increased by $2.70. Chiefly responsible for the larger payment were supplementary allowances for clothing and other special items for children returning to school and an increase in amounts provided for community activities.

Table 1. Amount of public assistance payments in the United States, by month,

Table 1. Amount of public assistance payments in the United States, by month, August 1966–August 1967[1]

Year and month	Total	Money payments 2/ (In thousands)							Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance													
1966														
August	$536,545	$363,888	$341,897	$137,945	$7,219	$41,576	$155,157	$21,991	$172,657	$163,722	$118,515	$18,802	$26,404	$8,935
September	535,603	373,355	350,705	140,257	7,280	42,162	161,006	22,650	162,248	154,210	121,698	11,616	20,896	8,038
October	544,127	374,234	351,519	140,486	7,244	42,524	161,265	22,715	169,893	161,205	135,039	5,823	20,343	8,688
November	576,975	377,609	355,103	140,180	7,208	43,073	164,642	22,505	199,366	191,567	166,286	5,245	20,036	7,799
December	582,219	385,414	361,426	141,084	7,268	43,920	169,155	23,988	196,805	190,513	165,372	5,087	20,054	6,292
1967														
January	568,690	389,316	364,487	140,202	7,217	44,131	172,937	24,829	179,373	174,103	148,367	5,206	20,531	5,270
February	569,489	389,524	364,324	140,204	7,212	44,670	172,237	25,200	179,966	174,451	144,526	5,082	24,842	5,515
March	620,248	400,905	374,008	140,758	7,242	45,433	180,575	26,897	219,343	213,891	186,450	5,027	22,414	5,452
April	632,595	401,616	375,808	140,406	7,242	46,024	182,136	25,808	230,979	225,417	197,895	5,033	22,489	5,562
May	625,654	403,515	377,840	140,858	7,255	46,691	183,036	25,675	222,138	217,023	188,743	5,018	23,262	5,115
June	635,363	405,403	379,629	140,563	7,255	47,254	184,577	25,774	229,960	224,697	196,721	4,649	23,327	5,263
July	629,752	408,221	382,390	141,668	7,295	47,951	185,476	25,831	221,531	217,203	190,454	6,472	20,277	4,328
August	679,299	416,842	389,058	142,132	7,348	49,057	190,521	27,784	262,457	257,309	232,030	5,023	20,256	5,148
	Percentage change from preceding month													
1966														
August	+3.6	+1.7	+1.4	+1.3	+0.6	+1.9	+1.5	+6.3	+7.8	+8.9	+10.2	+5.9	+5.6	-9.2
September	-.2	+2.6	+2.6	+1.7	+.8	+1.4	+3.8	+3.0	-6.0	-5.8	+2.7	-38.2	-20.9	-10.0
October	+1.6	+.2	+.2	+.2	-.5	+.9	+.2	-.3	+4.7	+4.5	+11.0	-49.9	-2.6	+8.1
November	+6.0	+.9	+1.0	-.2	-.5	+1.3	+2.3	-.9	+17.3	+18.8	+23.1	-9.9	-1.5	-10.2
December	+.9	+2.1	+1.8	+.6	+.8	+2.0	+2.7	+6.6	-1.0	-.6	-.6	-3.0	+.1	-19.3
1967														
January	-2.3	+1.0	+.8	-.6	-.7	+.5	+2.0	+3.8	-9.2	-8.6	-10.3	+2.3	+2.4	-16.2
February	+.1	+.1	(7/)	(8/)	-.1	+1.2	-.4	+1.5	+.3	+.2	-2.6	-2.4	+21.1	+4.6
March	+8.9	+2.9	+2.7	+.4	+.4	+1.7	+.4	+6.7	+22.6	+22.1	+29.0	-1.1	-9.8	-1.1
April	+2.0	+.2	+.5	-.2	0	+1.3	+.9	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+2.0
May	-1.1	+.5	+.5	+.3	+.2	+1.4	+.5	-.5	-3.9	-3.7	-4.6	-.3	+3.4	-8.0
June	+1.6	+.5	+.5	-.2	0	+1.2	+.8	+.4	+3.5	+3.5	+4.2	-7.4	+.3	+2.9
July	-.9	+.7	+.7	+.8	+.5	+1.5	+.5	+.2	-3.7	-3.3	-3.2	+39.2	-13.1	-17.8
August	+7.9	+2.1	+1.7	+.3	+.7	+2.3	+2.7	+7.5	+18.5	+18.2	+21.8	-22.4	-.1	+18.9
	Percentage change from same month of preceding year													
1967														
August	+26.6	+14.6	+13.8	+3.0	+1.8	+18.0	+22.8	+26.7	+52.0	+57.2	+95.8	-73.3	-23.3	-42.4

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete.
7/ Decrease of less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, August 1966–August 1967[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1966										
August	7,217	2,737	2,078	84.4	574	1,084	4,480	3,390	286	597
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	597
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	287	600
November	7,316	2,748	2,079	83.8	585	1,108	4,568	3,460	287	611
December	7,410	2,745	2,073	83.7	588	1,127	4,666	3,526	301	663
1967										
January	7,489	2,742	2,068	83.5	590	1,144	4,748	3,582	312	691
February	7,559	2,742	2,066	83.3	592	1,160	4,817	3,630	313	700
March	7,652	2,747	2,066	83.3	597	1,180	4,906	3,692	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,945	3,720	317	687
May	7,730	2,758	2,066	83.1	609	1,202	4,973	3,739	314	675
June	7,740	2,763	2,065	83.0	615	1,208	4,977	3,744	310	664
July	7,742	2,764	2,062	82.8	618	1,212	4,978	3,745	313	678
August	7,834	2,776	2,068	82.9	625	1,232	5,058	3,803	332	725
	Percentage change from preceding month									
1966										
August	+0.4	+0.2	0	0	+0.8	+0.7	+0.5	+0.6	+2.2	+3.8
September	+.5	+.4	+.2	0	+.9	+.6	+.6	+.7	+.1	0
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	-.2	(6/)
November	+.4	-.3	-.5	-.4	+.3	+1.1	+.9	+1.0	+.2	+1.8
December	+1.3	-.1	-.3	-.1	+.5	+1.7	+2.1	+1.9	+4.8	+8.5
1967										
January	+1.1	-.1	-.2	-.2	+.4	+1.6	+1.8	+1.6	+4.0	+4.9
February	+.9	0	-.1	-.3	+.4	+1.3	+1.5	+1.3	+.4	+1.4
March	+1.2	+.2	0	0	+.9	+1.7	+1.8	+1.7	+3.3	+2.9
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
May	+.5	+.3	+.1	-.1	+1.1	+.8	+.5	+.5	-1.1	-1.7
June	+.1	+.1	(6/)	-.1	+.9	+.5	+.1	+.1	-1.2	-1.7
July	(5/)	(5/)	-.1	-.2	+.6	+.3	(5/)	+.1	+.7	+2.2
August	+1.2	+.4	+.3	+.1	+1.1	+1.7	+1.6	+1.5	+6.2	+7.0
	Percentage change from same month of preceding year									
1967										
August	+8.5	+1.4	-.5	-1.8	+8.8	+13.7	+12.9	+12.2	+16.1	+22.6

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky, beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, August 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	July 1967 in--		August 1966 in--	
				Number	Amount	Number	Amount
Total 2/...	2,068,000	$142,132,000	$68.75	+0.3	+0.3	-0.5	+3.0
Ala.	114,000	6,833,000	60.15	+.3	+.2	+1.3	-.5
Alaska 3/	1,400	101,000	72.05	+.9	+2.5	+2.1	+3.7
Ariz.	12,900	732,000	56.75	-.1	-.3	-.5	-11.5
Ark. 3/	64,800	3,862,000	59.60	+.3	+.1	+5.6	+22.7
Calif.	290,000	29,569,000	101.85	+.1	+.5	+3.0	+3.5
Colo. 2/	40,800	3,283,000	80.45	-.1	-.3	-2.2	-1.3
Conn.	7,200	523,000	72.80	-1.2	-5.6	+28.1	+37.8
Del.	1,800	114,000	64.05	+1.6	+1.8	+10.8	+12.1
D. C.	2,200	160,000	71.85	+.8	+3.9	0	+9.7
Fla. 3/	78,500	3,884,000	49.50	+.2	-.1	+.9	+2.5
Ga. 3/	95,300	4,902,000	51.45	+.6	+.3	+2.2	+9.5
Guam	200	7,100	36.15	---	---	---	---
Hawaii 3/	1,800	141,000	79.65	+1.3	+1.3	+9.3	+18.2
Idaho	3,800	251,000	66.80	-.2	+.2	-1.3	+8.4
Ill. 3/	38,800	2,350,000	60.60	(4/)	+.9	-8.5	-7.9
Ind.	19,400	911,000	46.90	-.2	+.4	-.6	-4.6
Iowa	24,400	2,512,000	103.10	+.5	+1.5	-2.6	+78.4
Kans. 3/	17,400	1,483,000	85.00	-.1	(5/)	-9.9	+1.1
Ky. 3/	60,700	3,404,000	56.10	+.8	+1.2	+4.3	+4.5
La.	125,000	9,126,000	73.25	+.2	+.2	-1.4	+7.7
Maine 3/	10,200	551,000	53.85	+.4	-.2	-5.4	+.1
Md. 3/	7,800	483,000	61.60	+.2	+1.4	-3.0	+5.0
Mass.	49,300	3,940,000	79.90	-.4	+.1	+2.5	-2.3
Mich.	39,800	2,721,000	68.40	+.2	+.4	+.4	-3.5
Minn.	25,900	1,632,000	62.95	-.8	+2.7	-18.8	-3.2
Miss.	75,300	2,930,000	38.90	+.4	+.1	+1.9	+.3
Mo.	88,800	6,074,000	68.35	-.1	-.1	-3.0	-1.8
Mont.	3,900	256,000	64.90	+.7	+.8	-4.4	-3.5
Nebr. 3/	8,900	509,000	57.10	-1.4	+1.3	-19.1	+.4
Nev.	2,500	179,000	72.05	-1.5	-1.6	+4.6	+1.4
N. H.	4,200	414,000	99.50	+.6	+1.1	-.7	+.9
N. J.	13,800	1,034,000	75.00	+.4	+.1	+1.6	+11.3
N. Mex. 3/	9,600	552,000	57.35	+.6	+.4	-.4	(5/)
N. Y. 3/	70,500	6,147,000	87.15	+1.7	+2.5	+9.1	+24.9
N. C.	39,500	2,425,000	61.35	(5/)	+.2	-4.7	+5.2
N. Dak. 3/	4,400	341,000	78.30	-.4	-1.3	-10.8	+3.2
Ohio	67,300	4,536,000	67.40	-1.4	-4.5	-9.5	-22.9
Okla. 3/	80,600	5,996,000	74.40	+.4	+.1	-.1	-2.1
Oreg.	9,300	572,000	61.20	(5/)	+.5	-21.0	+1.8
Pa.	44,000	3,296,000	74.85	+.5	-.3	+1.8	+5.9
P. R. 3/	24,500	212,000	8.65	+3.9	-.1	-7.8	-7.5
R. I. 3/	4,500	260,000	58.15	-.6	+.1	-11.6	-6.4
S. C.	22,000	908,000	41.25	+.3	(4/)	-6.5	-7.3
S. Dak.	5,600	347,000	62.45	-.6	-.5	-11.2	+5.2
Tenn.	47,700	2,526,000	53.00	+1.4	+1.2	+6.8	+2.6
Tex.	230,000	14,276,000	62.00	+.5	+.5	+1.0	+2.0
Utah	4,500	272,000	60.40	-.4	+1.6	-6.0	+6.2
Vt. 3/	4,200	301,000	71.25	-.2	+8.1	-8.7	+12.2
V. I.	400	15,500	38.35	+1.2	+1.8	-3.1	-.9
Va.	11,200	615,000	55.00	+.7	+1.4	-3.5	+4.5
Wash.	26,300	1,811,000	68.75	+.1	+.3	-4.6	+4.5
W. Va.	11,800	674,000	57.10	-.3	+.8	-10.5	+14.4
Wis.	17,100	1,049,000	61.50	-.5	+5.7	-21.3	-6.6
Wyo.	2,000	130,000	64.50	-2.6	-3.6	-12.2	-18.5

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $338,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Increase of less than 0.05 percent.
5/ Decrease of less than 0.05 percent.

Table 4. Aid to the blind: Recipients and payments to recipients, by State, August 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	July 1967 in--		August 1966 in--	
				Number	Amount	Number	Amount
Total 2/ 3/.....	82,900	$7,348,000	$88.65	+0.1	+0.7	-1.8	+1.8
Ala.....	1,800	130,000	70.40	0	(4/)	-1.0	+4.6
Alaska 5/.....	97	8,400	86.15	(6/)	(6/)	-10.2	-6.0
Ariz.....	700	49,700	70.45	-1.8	-1.7	-6.5	-10.9
Ark. 5/.....	1,900	137,000	70.80	+.4	+.1	+2.1	+17.0
Calif. 5/.....	12,500	1,667,000	133.30	+.8	+1.1	+1.1	+4.3
Colo.....	210	15,000	70.65	+.5	-2.3	-5.8	-8.1
Conn.....	260	20,800	80.30	+.4	+4.8	-6.8	-1.9
Del.....	340	28,600	83.05	+1.8	+1.5	+1.5	+5.7
D. C.....	190	16,800	87.35	+1.6	-.1	-3.0	+10.1
Fla. 5/.....	2,600	164,000	63.85	0	+.5	-1.2	+.4
Ga. 5/.....	3,200	197,000	62.10	+.4	+.4	-.6	+7.6
Guam.....	6	200	(6/)	---	---	---	---
Hawaii 5/.....	71	7,300	102.45	(6/)	(6/)	(6/)	(6/)
Idaho.....	110	8,600	80.80	+.9	+.5	-5.3	+10.5
Ill. 5/.....	1,900	144,000	76.15	-.5	-.3	-8.2	-1.8
Ind.....	1,600	100,000	64.30	+.1	(7/)	-2.9	-2.7
Iowa.....	1,000	113,000	107.70	0	+1.0	-.2	+14.9
Kans. 5/.....	410	37,100	90.95	+.5	+2.4	-10.7	-3.1
Ky. 5/.....	2,600	180,000	70.35	+.2	+1.0	+2.9	+3.5
La.....	2,500	195,000	76.85	+.6	+.9	-2.4	-2.4
Maine 5/.....	220	16,300	72.55	-1.3	-2.0	+.4	-1.1
Md. 5/.....	340	27,000	80.45	-.9	+1.3	-2.3	+7.3
Mass. 8/.....	2,300	276,000	118.90	---	---	---	---
Mich.....	1,500	125,000	85.30	+.4	+.9	-2.9	-.8
Minn.....	830	66,800	80.15	-.4	+5.2	-10.2	+1.2
Miss.....	2,400	114,000	46.85	-.7	-.6	-.5	+.9
Mo. 5/.....	4,000	317,000	80.00	-.3	-.3	-4.6	-4.6
Mont.....	170	14,200	82.55	-1.7	-1.3	-18.1	-7.9
Nebr. 5/.....	380	29,900	78.75	-2.3	+.6	-22.3	-.3
Nev.....	140	12,500	87.40	-4.0	-5.1	-6.5	-17.1
N. H.....	240	24,900	103.50	-1.6	-.6	-.4	-2.4
N. J.....	900	81,000	90.25	-.2	+.8	+2.3	+8.7
N. Mex. 5/.....	360	26,900	74.20	+2.0	+1.5	+3.4	+9.5
N. Y. 5/.....	3,200	331,000	105.15	+.9	+.6	+2.6	+12.9
N. C.....	4,700	361,000	77.35	+.2	+3.9	-2.0	+7.7
N. Dak. 5/.....	86	7,300	84.75	(6/)	(6/)	(6/)	(6/)
Ohio.....	2,900	216,000	74.40	-1.1	+2.5	-4.7	-8.3
Okla. 5/.....	1,500	162,000	104.25	+1.3	+.5	-1.9	-2.5
Oreg.....	500	45,500	91.20	-.2	-.4	+1.8	+11.7
Pa. 5/.....	9,900	1,073,000	108.75	(4/)	-.6	-.3	+1.4
P. R. 5/.....	1,100	9,500	8.75	-6.3	+.3	-13.7	-13.1
R. I. 5/.....	110	8,100	71.85	+1.8	+1.9	+7.6	+4.6
S. C.....	1,900	104,000	55.30	+.2	+.1	-.5	-2.2
S. Dak.....	110	9,300	82.65	-2.6	(7/)	+2.8	+13.3
Tenn.....	1,800	124,000	67.70	+.1	+.4	-3.5	-3.0
Tex.....	4,200	315,000	75.05	+.2	+.3	-2.5	+2.2
Utah.....	140	9,400	68.55	-2.1	-.9	-10.5	+1.6
Vt. 5/.....	110	8,300	77.30	+.9	-.8	+.9	+14.2
V. I.....	9	340	(6/)	(6/)	(6/)	(6/)	(6/)
Va.....	1,100	81,100	73.50	+.3	+1.9	-.5	+13.7
Wash.....	520	45,600	87.25	+1.9	+2.9	-7.3	+9.9
W. Va.....	630	34,300	54.70	-.6	-.7	-14.7	+.5
Wis.....	610	50,100	82.20	0	+10.0	-9.0	+7.6
Wyo.....	49	3,400	(6/)	(6/)	(6/)	(6/)	(6/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $21,500 to 140 recipients and Missouri, $48,900 to 600 recipients.
3/ Does not include $578,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State law without Federal participation.
4/ Increase of less than 0.05 percent.
5/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
6/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
7/ Decrease of less than 0.05 percent.
8/ Data for July; August data not reported.

Table 5. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, August 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	July 1967 in--		August 1966 in--	
				Number	Amount	Number	Amount
Total.....	625,000	$49,057,000	$78.45	+1.1	+2.3	+8.8	+18.0
Ala.....	15,400	698,000	45.35	+.6	+.8	+2.3	+3.0
Alaska 2/....	370	28,100	76.20	+3.7	+3.2	+23.8	+30.0
Ariz.....	5,600	375,000	66.55	+1.4	+1.6	+24.2	+24.2
Ark. 2/.....	11,400	726,000	63.90	+1.0	+1.0	+12.8	+27.0
Calif.....	112,000	13,144,000	116.90	+1.9	+3.2	+24.5	+31.8
Colo.....	6,900	445,000	64.20	+.3	+.7	+4.6	+8.2
Conn.....	4,600	402,000	88.00	+3.6	+3.0	-33.2	-15.5
Del.....	910	84,700	93.45	+4.5	+5.4	+63.1	+72.9
D. C.....	4,100	351,000	85.05	+1.9	+2.5	+18.3	+30.8
Fla. 2/.....	21,200	1,279,000	60.40	+.5	+.6	+7.7	+10.3
Ga. 2/.....	28,400	1,711,000	60.20	+.2	+.2	+2.1	+10.0
Guam.....	45	1,600	(3/)	---	---	---	---
Hawaii 2/....	1,400	154,000	108.45	+1.0	+1.0	+17.7	+24.2
Idaho.....	2,600	191,000	73.95	+1.1	+1.6	-2.3	+23.5
Ill. 2/.....	30,600	2,381,000	77.90	+1.1	+2.1	+4.6	+8.8
Ind.....	2,500	118,000	47.40	+1.1	+2.8	+32.2	+24.1
Iowa.....	2,000	252,000	127.20	+1.2	+1.3	+21.5	+153.6
Kans. 2/.....	5,600	614,000	110.50	+.1	+.9	+3.8	+16.4
Ky. 2/.....	13,900	947,000	68.40	+2.1	(4/)	+11.6	+9.6
La.....	22,400	1,165,000	52.00	+.4	+1.0	+7.9	+6.5
Maine 2/.....	2,400	180,000	73.70	+1.2	+1.6	+8.1	+14.2
Md. 2/.....	11,100	852,000	76.75	+3.0	+3.9	+34.3	+41.9
Mass.....	13,700	1,231,000	89.75	+1.0	+2.3	+2.6	+13.9
Mich.....	16,800	1,382,000	82.20	+1.7	+3.1	+10.7	-1.1
Minn.....	7,500	564,000	75.05	+1.3	+3.5	+28.0	+38.2
Miss.....	21,600	999,000	46.25	+.7	+.6	+4.7	+6.6
Mo.....	16,600	1,212,000	73.15	+.6	+.7	+5.0	+5.6
Mont.....	1,400	107,000	77.90	-.1	+.5	-8.9	+5.4
Nebr. 2/.....	3,200	206,000	64.50	+2.7	+5.0	+10.6	+22.2
N. H.....	690	62,600	90.15	+.4	+.4	+1.6	+1.9
N. J.....	9,300	807,000	87.15	+.5	-.1	+6.0	+16.9
N. Mex. 2/...	4,900	341,000	70.30	+1.8	+1.7	+14.8	+15.9
N. Y. 2/.....	39,100	3,696,000	94.50	+3.7	+3.0	+14.7	+22.1
N. C.....	23,200	1,553,000	67.05	+.1	+.6	+2.9	+10.0
N. Dak. 2/...	1,800	151,000	84.05	+.8	+1.2	+11.0	+23.2
Ohio.....	21,700	1,621,000	74.85	+1.3	+12.0	+6.6	+10.2
Okla. 2/.....	19,500	1,851,000	94.85	+1.7	+1.6	+15.1	+15.3
Oreg.....	5,100	408,000	79.70	+.6	+.5	-2.7	+6.6
Pa.....	25,700	1,886,000	73.45	+.6	-.2	+21.5	+24.8
P. R. 2/.....	12,900	109,000	8.45	-9.4	+.1	-34.5	-36.1
R. I. 2/.....	3,200	245,000	76.85	+1.0	+.7	+10.4	+11.8
S. C.....	9,300	447,000	48.30	-.2	-.1	-.2	+.4
S. Dak.....	1,300	83,500	64.50	-2.4	-2.3	+7.7	+14.8
Tenn.....	16,600	1,090,000	65.60	+1.5	+1.6	+12.5	+13.6
Tex.....	11,700	715,000	60.95	+2.0	+2.0	+11.0	+14.8
Utah.....	3,400	217,000	63.20	+1.1	+2.1	+4.4	+16.7
Vt. 2/.....	1,300	111,000	82.75	+2.3	+2.1	+14.7	+32.7
V. I.....	50	2,000	39.55	(3/)	(3/)	(3/)	(3/)
Va.....	7,000	455,000	64.70	+.7	+.9	+5.8	+11.7
Wash.....	9,800	744,000	76.20	+2.8	+2.9	-18.1	+16.9
W. Va.....	5,900	310,000	52.90	+1.2	+2.0	-.3	+23.8
Wis.....	4,600	294,000	64.20	+2.5	+5.9	-1.5	+7.5
Wyo.....	790	53,800	68.00	-.6	-2.3	+6.2	+3.6

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ Decrease of less than 0.05 percent.

Table 6. Aid to families with dependent children: Recipients and payments to recipients, by State, August 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		July 1967 in--		August 1966 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/..	1,232,000	5,058,000	3,803,000	$190,521,000	$154.60	$37.65	+1.6	+2.7	+12.9	+22.8
Ala.....	17,300	71,800	57,400	917,000	52.95	12.75	+.9	+1.1	+2.5	+3.2
Alaska.....	1,300	5,000	3,800	169,000	127.10	34.10	-1.2	-3.4	+3.2	-.3
Ariz.....	10,100	42,900	32,600	1,236,000	122.95	28.85	-.3	+.1	+.6	+1.9
Ark.....	8,900	37,100	28,100	722,000	80.85	19.50	+1.2	+1.1	+15.8	+35.6
Calif. 3/....	191,000	759,000	556,000	32,343,000	169.70	42.60	(4/)	-3.1	+16.1	+13.6
Colo. 3/.....	13,700	53,300	40,800	2,002,000	145.65	37.55	-.1	+.2	+7.6	+9.6
Conn. 3/.....	14,500	57,700	43,100	2,824,000	194.75	48.95	+1.3	+2.1	+13.5	+22.4
Del. 3/.....	3,500	15,000	11,400	480,000	136.30	31.95	+3.9	+4.6	+22.7	+37.3
D. C.....	5,300	24,500	19,600	933,000	177.50	38.05	+1.0	+2.1	+8.1	+21.9
Fla.....	36,800	145,000	115,000	2,218,000	60.35	15.30	+1.6	+1.9	+12.4	+12.1
Ga.....	24,600	97,600	75,300	2,485,000	100.80	25.45	+1.4	+1.5	+15.9	+25.6
Guam.....	160	850	720	14,500	89.75	17.10	---	---	---	---
Hawaii 3/....	4,400	18,700	13,700	895,000	205.45	47.95	+.8	+6.8	+22.0	+25.9
Idaho.....	3,000	11,400	8,200	532,000	178.60	46.75	+.5	+.7	+14.4	+35.9
Ill. 3/.....	55,800	261,000	204,000	11,104,000	199.15	42.60	+1.5	+3.1	+5.1	+9.1
Ind.....	11,900	49,600	37,600	1,553,000	130.40	31.30	+.8	+2.8	+6.2	+20.8
Iowa.....	11,500	44,700	32,700	2,218,000	193.55	49.60	-.2	+14.8	+1.2	+32.2
Kans. 3/.....	9,100	37,800	29,500	1,635,000	180.15	43.20	+2.0	+2.1	+4.4	+12.8
Ky.....	25,600	101,000	73,400	2,839,000	111.05	28.10	+2.5	+2.7	+22.0	+23.0
La.....	27,500	119,000	91,500	2,843,000	103.25	23.90	+2.2	+2.4	+9.5	+10.2
Maine.....	5,600	20,800	15,200	621,000	110.90	29.80	+.5	+.6	+9.4	+9.9
Md. 3/.....	25,300	102,000	78,900	3,985,000	157.55	38.95	+1.6	+2.8	+13.2	+22.3
Mass. 3/.....	34,200	129,000	96,800	6,939,000	203.10	53.80	+3.8	+4.4	+23.1	+46.8
Mich. 3/.....	41,100	170,000	128,000	7,315,000	177.80	43.00	+1.0	+2.2	+9.7	+37.5
Minn.....	15,500	58,000	44,900	3,061,000	197.75	52.80	+2.8	+9.5	+9.0	+19.0
Miss.....	22,600	94,700	76,500	790,000	34.90	8.35	+1.2	+1.3	+11.0	+17.1
Mo.....	26,200	110,000	84,500	2,726,000	103.90	24.90	+.2	+.2	+2.3	+1.4
Mont.....	2,400	9,400	7,200	359,000	148.35	38.25	+.9	+1.8	+10.3	+14.8
Nebr. 3/.....	5,400	21,600	16,600	789,000	147.05	36.50	+2.6	+3.1	+15.1	+44.6
Nev.....	1,800	7,000	5,500	221,000	123.25	31.60	+1.7	+1.9	+24.1	+29.7
N. H.....	1,400	5,600	4,200	221,000	163.75	39.70	+.3	+.1	+11.9	+9.8
N. J.....	33,800	135,000	103,000	7,587,000	224.60	56.05	+.9	+.9	+16.1	+31.9
N. Mex.....	9,000	37,100	28,200	1,137,000	127.00	30.65	+2.0	+1.9	+15.6	+20.1
N. Y. 3/.....	185,000	740,000	543,000	41,058,000	222.20	55.45	+4.3	+6.5	+26.6	+36.5
N. C.....	25,300	104,000	78,500	2,599,000	102.60	25.00	-1.0	-.6	-.7	+4.7
N. Dak.....	2,300	9,200	7,000	421,000	185.90	45.70	+1.7	+1.1	+14.3	+22.8
Ohio 3/.....	48,600	202,000	152,000	7,502,000	154.30	37.10	+.9	+11.7	+8.1	+21.1
Okla. 3/.....	22,500	88,300	66,500	3,040,000	135.20	34.45	+2.0	+1.9	+13.5	+14.5
Oreg. 3/.....	9,600	36,200	26,100	1,549,000	161.35	42.80	+.5	+6.5	+20.1	+30.2
Pa. 3/.....	63,700	273,000	201,000	9,934,000	155.90	36.45	+2.5	+.5	+12.9	+29.0
P. R.....	37,700	180,000	137,000	835,000	22.15	4.65	-.2	+9.1	-1.0	+10.5
R. I. 3/.....	7,400	28,700	21,000	1,207,000	164.10	42.10	+1.8	+2.1	+18.2	+21.7
S. C.....	6,500	25,100	20,300	434,000	67.05	17.30	+2.0	+2.3	-1.9	+5.9
S. Dak.....	3,500	13,300	10,000	560,000	158.05	42.05	-2.1	-1.9	+8.4	+29.0
Tenn.....	23,000	92,200	70,900	2,475,000	107.60	26.85	+1.3	+1.6	+11.1	+11.9
Tex.....	24,300	108,000	82,100	2,310,000	94.95	21.35	+2.8	+3.2	+10.2	+10.5
Utah 3/.....	6,200	25,100	18,100	936,000	149.85	37.30	+6.9	+3.0	+16.3	+18.7
Vt.....	2,000	7,400	5,400	314,000	158.60	42.35	+3.4	+4.8	+26.4	+85.3
V. I.....	380	1,500	1,300	43,600	113.30	29.15	-10.9	+5.5	+14.0	+62.7
Va.....	13,100	54,900	42,200	1,612,000	123.45	29.35	+1.7	+2.3	+16.4	+30.1
Wash. 3/.....	16,000	59,900	43,000	2,771,000	173.50	46.25	+2.9	+.6	+18.9	+33.1
W. Va. 3/.....	20,900	96,700	68,100	2,438,000	116.85	25.20	(4/)	+.3	-2.6	+3.7
Wis. 3/.....	13,800	55,300	42,000	2,607,000	188.70	47.20	+1.5	+9.7	+19.0	+30.8
Wyo.....	1,100	4,200	3,200	160,000	142.25	37.85	-1.5	-.7	+1.4	+4.0

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, August 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		July 1967 in--		August 1966 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total....	60,600	343,000	232,000	$12,878,000	$212.45	$37.55	-0.7	+2.9	+18.4	+28.6
Calif.....	21,400	122,000	82,700	4,404,000	205.45	36.05	-5.1	-3.9	+25.3	+26.4
Colo.....	960	5,700	3,800	215,000	223.20	37.35	-20.6	-21.8	+57.8	+65.4
Conn.....	560	3,100	2,000	118,000	211.20	37.95	-5.5	-5.9	+8.3	+12.4
Del.....	200	1,200	840	37,100	182.55	30.35	-.7	+2.3	+49.1	+53.7
Hawaii.....	350	2,100	1,400	89,200	255.45	42.15	+.7	+8.7	+31.7	+42.3
Ill.....	3,000	19,100	13,300	766,000	257.30	40.15	+1.1	+4.4	-5.6	+1.4
Kans.....	220	1,400	950	47,200	209.80	33.80	+11.0	+5.9	+.6	-3.0
Md.....	360	2,000	1,300	70,900	196.45	35.15	+4.7	+11.7	+41.6	+60.0
Mass.....	580	3,400	2,400	172,000	295.00	50.40	-3.0	-.7	+16.8	+37.9
Mich.....	1,700	10,700	7,400	424,000	254.95	39.70	+.1	+.8	+8.3	+48.2
Nebr.....	51	380	280	11,400	224.05	30.40	-3.8	-.5	+248.1	+406.2
N. Y.....	14,700	76,500	51,600	3,693,000	250.75	48.30	+5.0	+13.6	+24.4	+39.6
Ohio.....	2,800	17,300	11,800	595,000	211.90	34.50	-.8	+9.9	+2.9	+13.2
Okla.....	590	3,600	2,400	115,000	194.05	32.40	+5.0	+4.8	+354.7	+363.2
Oreg.....	670	3,900	2,600	144,000	213.35	37.10	-2.5	+3.8	+19.6	+19.6
Pa.....	2,600	15,000	9,900	411,000	156.70	27.45	+1.9	-1.0	+21.5	+35.7
R. I.....	360	2,000	1,300	70,400	196.75	34.50	+7.4	+11.0	+39.7	+41.7
Utah.....	1,000	5,700	3,900	146,000	142.05	25.65	+20.4	+31.9	+25.6	+33.0
Wash.....	970	4,900	3,000	189,000	195.25	38.70	+8.0	-1.8	+94.6	+123.6
W. Va.....	6,900	40,000	26,700	1,026,000	148.15	25.65	-.5	-.3	-5.3	+3.7
Wis.....	550	3,100	2,100	135,000	244.85	43.45	+11.8	+18.1	+36.7	+46.2

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

Table 8. Aid to families with dependent children: Recipients and money payments to recipients under community work and training programs, by State, August 1967[1]

State	Number of families with a recipient on work and training programs	Number of recipients				Money payments to recipients			
		Total 2/	Adults		Children	Total	For work performed on work and training programs	Average per family	
			On work and training programs 3/	Other				Total	For work performed on work and training programs
Total.....	12,700	69,700	12,700	11,200	48,200	$2,209,000	$1,746,000	$173.95	$137.50
Calif.....	2,400	12,500	2,400	2,300	7,800	511,000	283,000	213.30	117.95
Colo.....	400	2,400	400	400	1,700	101,000	52,800	254.35	133.05
Ill.....	560	1,000	560	450	2,400	131,000	103,000	233.15	182.05
Kans.....	63	480	63	62	360	17,700	5,800	280.85	91.30
Md.....	9	52	9	9	34	1,600	1,500	(4/)	(4/)
Mich.....	86	470	86	1	380	24,000	9,500	279.10	110.75
Ohio.....	1,800	9,900	1,800	1,100	7,000	282,000	191,000	160.10	108.75
Oregon.....	36	170	36	22	110	7,300	3,000	(4/)	(4/)
Pa.....	360	2,100	360	350	1,400	87,400	57,200	244.75	160.25
Wash.....	100	500	100	95	300	19,300	13,000	189.20	127.00
W. Va.....	6,900	40,000	6,900	6,400	26,700	1,026,000	1,026,000	148.15	148.15
Wis.....	0	0	0	0	0	0	0	0	0

1/ Represents data for community work and training programs under plans for such programs submitted under Section 409 of Social Security Act. These data are included in data for the total program and for the unemployment-parent segment. All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ In some States includes a few child recipients aged 18-20.
4/ Average payment not computed on fewer than 50 families.

Table 9. Aid to families with dependent children receiving foster care: Recipients and

Table 9. Aid to families with dependent children receiving foster care: Recipients and payments for foster care, by State, August 1967[1]

State	Number of--				Payments for foster care			
	Children receiving foster care			Families from which children were removed	Total amount	Average per child	In foster homes	In institutions
	Total	In foster homes	In institutions					
Total	7,900	2/ 7,100	2/ 440	3,500	$627,000	$79.60	2/ $522,000	2/ $69,400
Ala.	0	0	0	0	0	---	0	0
Alaska	58	58	0	28	6,400	109.85	6,400	0
Ariz.	280	280	0	110	15,900	57.75	15,900	0
Calif.	1,400	1,300	160	790	146,000	101.75	113,000	33,100
Conn.	57	51	6	27	7,500	131.60	5,000	2,500
Ill.	360	(2/)	(2/)	160	35,200	98.40	(2/)	(2/)
Ind.	140	140	0	47	5,600	40.85	5,600	0
Iowa	150	140	12	100	11,300	74.70	9,900	1,400
Kans.	140	140	0	64	14,300	102.55	14,300	0
Ky.	47	47	---	16	4,200	(3/)	4,200	---
La.	790	740	53	330	55,800	70.65	49,800	6,100
Md.	1,200	1,100	53	430	107,000	89.00	101,000	6,200
Mich.	100	85	20	42	7,400	70.60	5,400	2,000
Minn.	250	200	42	130	26,000	105.10	14,600	11,400
Mo.	140	140	0	66	7,900	55.20	7,900	0
Nebr.	65	41	24	34	4,100	62.75	2,500	1,600
Nev.	33	33	---	33	2,000	(3/)	2,000	---
N. Mex.	87	87	0	16	5,500	63.00	5,500	0
N. C.	21	21	0	6	1,200	(3/)	1,200	0
Ohio	340	330	14	170	21,100	62.00	20,000	1,100
Okla.	420	420	0	200	22,000	52.15	22,000	0
Oreg. 4/	110	110	0	46	8,100	75.55	8,100	0
Tenn.	490	450	36	180	31,300	64.25	28,700	2,600
Utah	200	200	0	100	11,400	56.65	11,400	0
Va.	35	35	0	12	1,600	(3/)	1,600	0
Wash.	490	490	0	220	41,300	85.05	41,300	0
W. Va.	240	220	21	78	12,200	50.30	10,700	1,500
Wis.	190	190	0	76	14,000	72.55	14,000	0

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.
2/ Excludes Illinois, breakdown not available.
3/ Average payment not computed on base of fewer than 50 children.
4/ Represents data for May; August data not reported.

Table 10. Amount of vendor payments for medical care for recipients of public assistance, by program and State, August 1967[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		July 1967	August 1966							
Total	3/ $262,457,000	+18.5	+57.5	3/ $232,030,000	$5,023,000	$14,824,000	$215,000	$3,121,000	$2,097,000	$5,148,000
Ala.	1,261,000	+2.4	+16.8	---	850	1,145,000	4,200	111,000	73	---
Alaska 4/	195,000	+200.5	+42.3	---	---	38,200	---	57,500	---	99,500
Ariz.	137,000	-4.9	+407.4	---	780	137,000	---	---	---	---
Ark. 4/	1,719,000	+4.8	+25.6	---	98,000	1,135,000	27,700	393,000	72,200	---
Calif.	50,262,000	+13.4	+16.4	50,262,000	---	---	---	---	---	---
Colo.	2,008,000	+1.9	-26.5	---	5/ 1,177,000	460,000	4,900	155,000	176,000	35,600
Conn.	3,787,000	+29.9	+53.2	3,787,000	---	---	---	---	---	---
Del.	224,000	+53.4	(6/)	224,000	---	---	---	---	---	---
D. C.	225,000	-3.4	+10.3	---	217,000	1,400	45	5,300	1,800	130
Fla. 4/	1,989,000	-2.8	-13.0	---	940	1,521,000	19,100	261,000	127,000	---
Ga 4/	1,949,000	+1.7	+41.4	---	---	1,485,000	22,400	375,000	127,000	---
Guam	7,100	+86.8	+102.9	---	300	1,300	---	4,000	1,600	---
Hawaii	629,000	+37.3	+68.2	593,000	---	---	---	---	---	35,400
Idaho	448,000	+.4	+4.7	448,000	---	---	---	---	---	---
Ill.	11,912,000	+26.8	+39.9	10,954,000	---	---	---	---	---	958,000
Ind.	2,201,000	-.1	+15.7	---	311,000	1,187,000	63,400	279,000	361,000	---
Iowa	2,347,000	+11.4	+4.9	2,203,000	---	---	---	---	---	7/ 144,000
Kans.	1,949,000	-2.6	+17.6	1,849,000	---	---	---	---	---	99,900
Ky.	2,576,000	+36.6	+55.5	2,576,000	---	---	---	---	---	---
La.	3,252,000	+19.3	+72.7	3,203,000	---	---	---	---	---	49,800
Maine	868,000	+14.5	+66.0	791,000	---	---	---	---	---	77,400
Md.	4,033,000	+6.1	+342.8	4,033,000	---	---	---	---	---	---
Mass.	13,556,000	+13.1	+50.3	13,338,000	---	---	---	---	---	218,000
Mich.	18,653,000	+166.2	+84.5	18,529,000	---	---	---	---	---	124,000
Minn.	6,853,000	+9.8	+8.8	6,610,000	---	---	---	---	---	243,000
Miss.	272,000	+9.7	+677.1	---	---	211,000	3,500	57,500	---	---
Mo.	1,265,000	-3.5	-20.1	---	---	963,000	---	137,000	125,000	39,300
Mont.	509,000	-7.5	+3.5	208,000	---	---	---	---	---	301,000
Nebr.	1,837,000	+69.8	+32.7	1,837,000	---	---	---	---	---	---
Nev.	127,000	-30.2	-48.6	127,000	---	---	---	---	---	---
N. H.	223,000	+165.5	-20.6	223,000	---	---	---	---	---	---
N. J.	3,863,000	-28.0	+36.6	---	5/ 2,495,000	199,000	14,200	332,000	481,000	341,000
N. Mex.	844,000	+48.3	+58.3	834,000	---	---	---	---	---	9,900
N. Y.	71,206,000	+32.8	+299.0	71,206,000	---	---	---	---	---	---
N. C.	1,489,000	-11.3	-12.2	---	155,000	356,000	9,600	526,000	367,000	75,500
N. Dak.	775,000	-12.3	+18.1	766,000	---	---	---	---	---	9,000
Ohio	4,989,000	-5.6	+35.9	3,714,000	---	---	---	---	---	1,215,000
Okla.	4,623,000	+3.7	+15.3	4,623,000	---	---	---	---	---	---
Oreg.	1,409,000	+28.6	+22.7	1,409,000	---	---	---	---	---	---
Pa.	10,971,000	-.8	-3.3	10,971,000	---	---	---	---	---	---
P. R.	3,407,000	+48.3	---	3,407,000	---	---	---	---	---	---
R. I.	1,307,000	-21.2	+78.1	1,204,000	---	---	---	---	---	103,000
S. C.	639,000	+6.5	+35.1	---	---	503,000	25,800	96,700	8,600	4,700
S. Dak. 8/	360,000	+.9	+50.5	---	264,000	159,000	880	42,300	---	55,000
Tenn.	1,302,000	+7.2	+18.5	---	236,000	993,000	2,700	61,400	46,800	---
Tex.	4,281,000	+.1	+30.6	---	---	4,037,000	2,900	83,600	158,000	---
Utah	855,000	+19.9	+31.1	850,000	---	---	---	---	---	5,800
Vt.	586,000	+43.3	+69.9	586,000	---	---	---	---	---	---
V. I.	(3/)	---	---	---	71,400	---	---	---	---	---
Va.	700,000	+3.4	-4.5	---	---	595,000	13,300	148,000	44,200	34,400
Wash.	2,517,000	-55.4	-38.4	2,517,000	---	---	---	---	---	---
W. Va.	734,000	+63.5	-20.6	683,000	---	---	---	---	---	51,100
Wis.	7,517,000	+6.1	+86.3	7,401,000	---	---	---	---	---	116,000
Wyo.	111,000	+13.3	-5.9	67,100	---	---	---	---	---	43,500

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision.
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Not shown; increase of 1,000 percent or more.
7/ Partly estimated.
8/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Table 11. Amounts of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, August 1967[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total 3/	$257,313,000	$246,413,000	$10,898,000
Title XIX States 3/	232,033,000	226,707,000	5,325,000
Other States	25,280,000	19,706,000	5,573,000
Title XIX States			
Calif	50,262,000	48,935,000	1,327,000
Conn	3,787,000	3,761,000	25,100
Del	224,000	224,000	---
Hawaii	593,000	593,000	---
Idaho	448,000	448,000	---
Ill	10,954,000	10,954,000	---
Iowa	2,203,000	2,130,000	73,200
Kans	1,849,000	1,849,000	---
Ky	2,576,000	2,576,000	---
La	3,203,000	3,203,000	---
Maine	791,000	755,000	35,800
Md	4,033,000	4,033,000	---
Mass	13,338,000	13,266,000	71,700
Mich	18,529,000	18,529,000	---
Minn	6,610,000	6,527,000	83,000
Mont	208,000	196,000	12,400
Nebr	1,837,000	1,783,000	53,800
Nev	127,000	127,000	---
N. H	223,000	208,000	14,300
N. Mex	834,000	834,000	---
N. Y	71,206,000	71,071,000	135,000
N. Dak	766,000	766,000	---
Ohio	3,714,000	3,714,000	---
Okla	4,623,000	1,147,000	2/ 3,476,000
Oreg	1,409,000	1,409,000	---
Pa	10,971,000	10,971,000	---
P. R	3,407,000	3,407,000	---
R. I	1,204,000	1,204,000	---
Utah	850,000	850,000	---
Vt	586,000	573,000	13,000
Wash	2,517,000	2,517,000	---
W. Va	683,000	683,000	---
Wis	7,401,000	7,397,000	5,000
Wyo	67,100	67,100	---
Other States			
Ala	1,261,000	1,261,000	---
Alaska	96,300	96,300	---
Ariz	137,000	102,000	35,100
Ark	1,719,000	1,524,000	195,000
Colo	1,973,000	1,687,000	2/ 285,000
D. C	225,000	225,000	---
Fla	1,929,000	1,692,000	238,000
Ga	1,949,000	1,949,000	---
Guam	7,200	6,700	400
Ind	2,201,000	1,909,000	2/ 293,000
Miss	272,000	272,000	---
Mo	1,226,000	1,226,000	---
N. J	3,522,000	3,457,000	64,100
N. C	1,413,000	396,000	2/ 1,017,000
S. C	634,000	566,000	68,400
S. Dak. 4/	466,000	448,000	17,100
Tenn	1,302,000	239,000	2/ 1,063,000
Tex	4,281,000	2,062,000	2/ 2,219,000
Va	666,000	588,000	2/ 78,000

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$1,017,000; Oklahoma-$3,229,000; Tennessee-$1,063,000; and premium payments to health-insuring agencies by Colorado-$173,000; Indiana-$231,000; Texas-$1,543,000; and Virginia-$44,500.
3/ Data not reported by the Virgin Islands.
4/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Table 12. General assistance: Recipients and payments to recipients, by State, August 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from--			
				Average per--		July 1967 in--		August 1966 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	332,000	725,000	$27,784,000	$83.70	$38.30	+7.0	+7.5	+22.6	+26.7
Ala.	82	82	1,100	13.00	13.00	(3/)	(3/)	(3/)	(3/)
Alaska	170	570	10,700	63.65	18.85	-26.9	-27.7	--3.3	+8.3
Ariz.	1,700	4,900	81,900	48.55	16.65	+32.0	+3.5	-6.4	-29.7
Ark.	270	950	3,800	13.95	4.00	-18.4	-15.5	-14.3	-18.2
Calif.	30,200	52,400	2,254,000	74.75	43.05	+9.2	+6.3	+34.8	+42.6
Colo.	1,200	3,800	44,500	37.95	11.75	+23.6	+15.8	-7.4	-11.5
Conn.	4/ 5,000	4/ 14,300	4/ 543,000	108.35	38.00	+6.0	+51.9	+28.4	+92.4
Del.	1,500	2,900	85,700	57.30	29.35	+.8	+3.9	+24.2	+27.5
D. C.	990	1,000	83,100	83.80	80.55	+2.4	+2.3	-2.2	+9.7
Fla. 5/	7,900	(6/)	240,000	---	---	---	---	---	---
Ga.	2,100	5,700	84,000	39.35	14.60	+10.4	+13.8	-7.1	-4.6
Guam	44	52	1,800	(3/)	34.60	(3/)	(3/)	(3/)	(3/)
Hawaii	1,300	2,200	129,000	97.00	57.40	+2.3	+4.5	+35.0	+25.9
Ill.	22,900	55,000	2,160,000	94.20	39.30	+8.1	+9.0	+22.6	+23.2
Iowa 5/	3,200	7,700	136,000	---	---	---	---	---	---
Kans.	2,700	6,100	216,000	80.10	35.15	+20.4	+1.8	+22.7	+15.0
La.	6,000	6,600	307,000	51.10	46.55	+1.0	+1.5	-9.1	-11.0
Maine	2,000	6,100	91,300	45.30	14.95	-5.7	+12.7	+4.9	+13.6
Md.	7,700	8,700	623,000	81.40	71.45	+2.1	+1.4	-7.9	-6.6
Mass.	8,700	20,000	799,000	91.45	39.90	+14.9	+7.8	+36.8	+37.6
Mich.	18,100	59,900	1,853,000	102.15	30.95	+11.6	+8.9	+20.0	-2.4
Minn.	5,400	16,700	485,000	89.20	29.05	+6.5	+12.7	-5.3	-5.7
Miss.	1,200	1,500	21,800	17.65	14.25	-5.4	-9.1	+14.9	-1.4
Mo.	9,400	12,000	630,000	66.75	52.45	-1.1	-1.2	+1.2	-.2
Mont.	1,800	7,100	120,000	65.80	16.85	+201.7	+177.1	+179.5	+144.1
Nev. 7/	290	640	14,900	51.50	23.45	---	---	---	---
N. H.	620	2,000	41,500	66.40	20.45	-7.6	-9.0	+.7	-.8
N. J. 8/	12,100	37,300	1,565,000	128.85	41.95	+8.9	+12.3	+30.8	+38.0
N. Mex.	470	910	23,600	49.80	25.90	+15.0	+6.2	+55.3	+118.1
N. Y.	77,000	160,000	8,777,000	114.00	54.70	+7.2	+13.5	+37.2	+54.2
N. C.	1,600	4,400	46,500	28.50	10.70	+9.8	+18.0	+11.9	+26.1
N. Dak.	230	890	10,700	46.80	12.05	-6.1	-8.7	-13.0	-23.1
Ohio	26,600	75,400	2,258,000	84.95	29.95	+1.6	-4.9	+36.7	+17.4
Okla.	4,900	(6/)	68,900	14.15	---	---	+2.0	---	-8.6
Oreg. 7/	4,000	(6/)	222,000	55.40	---	---	---	---	---
Pa.	29,000	36,900	2,161,000	74.35	58.50	+3.0	+2.2	+5.5	+12.1
R. I.	3,700	9,400	289,000	77.50	30.90	+1.9	+24.5	+38.4	+70.4
S. C. 5/	750	890	28,600	38.35	32.05	+1.1	+1.9	-27.8	-17.6
S. Dak.	230	740	8,200	35.10	11.10	-27.5	-18.9	-20.7	-14.2
Tenn.	1,600	4,400	52,300	32.95	11.80	-.6	+.7	+64.8	+26.9
Tex. 9/	9,500	(6/)	245,000	---	---	---	---	---	---
Utah	1,000	1,200	85,000	84.90	72.90	+20.5	+50.8	+60.2	+116.4
Vt. 9/	700	(6/)	20,000	---	---	---	---	---	---
V. I.	170	180	6,700	39.65	37.00	+4.6	+2.6	-10.0	-6.6
Va.	3,400	7,600	181,000	52.75	23.60	+13.3	+9.3	+11.0	+16.2
Wash.	6,900	12,900	579,000	84.30	44.95	+19.2	+11.2	+21.5	+14.9
W. Va.	1,800	3,100	77,400	44.15	25.00	+7.0	-1.9	+3.8	+19.6
Wis.	4,300	11,900	340,000	79.35	28.45	+.4	-33.8	-5.5	-2.2
Wyo.	270	910	19,200	71.45	21.05	+4.2	+11.9	+7.9	+15.2

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ About 16 percent of this total is estimated.
5/ Partly estimated.
6/ Data not available.
7/ Represents data for July; August data not reported.
8/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
9/ Estimated on basis of reports from sample of local jurisdictions.

Table 13. General assistance: Recipients and payments to recipients for selected cities, August 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from--			
				Average per--		July 1967 in--		August 1966 in--	
	Cases	Recipients	Total amount	Cases	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 17 cities 1/.	147,000	290,000	$14,315,000	$97.25	$49.40	+13.1	+6.8	+38.4	+37.7
Baltimore.....	6,700	7,500	548,000	82.05	72.65	+1.5	+1.1	-10.3	-8.8
Boston.....	3,200	5,800	345,000	106.95	59.55	+36.4	+8.1	+70.8	+45.0
Buffalo 2/.....	3,800	5,400	360,000	93.65	66.60	(3/)	(3/)	-6.8	+16.7
Chicago.....	14,500	33,700	1,643,000	113.00	48.80	+11.2	+11.0	+34.0	+30.6
Cincinnati 2/.....	7,400	27,000	454,000	61.30	16.85	+67.0	+21.0	+57.5	+22.0
Cleveland 2/.....	7,500	21,200	697,000	92.40	32.80	+4.4	+10.9	+61.5	+51.3
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia....	990	1,000	83,100	83.80	80.55	+2.4	+2.3	-2.2	+9.7
Los Angeles 2/.....	17,100	31,000	1,211,000	71.00	39.05	+10.7	+7.8	+108.7	+51.8
Milwaukee 2/.....	2,400	6,000	211,000	87.65	35.20	-2.8	+.3	-5.0	-6.5
Minneapolis.....	1,500	3,200	125,000	85.50	39.30	-26.9	+11.9	-17.1	-17.0
New Orleans.....	880	940	47,900	54.55	51.00	+7.6	+9.7	+7.6	+8.8
New York.....	58,900	117,000	6,873,000	116.80	58.55	(3/)	(3/)	+46.7	+59.6
Philadelphia.....	8,300	12,100	681,000	82.25	56.35	+3.9	+4.3	+19.3	+27.1
Pittsburgh 2/.....	7,800	8,700	602,000	77.00	69.00	+.9	+1.1	-12.0	-6.3
Rochester.....	690	1,800	60,100	87.60	33.25	(3/)	(3/)	+2.9	+12.2
St. Louis.....	1,700	2,100	113,000	64.60	53.35	-4.3	-4.0	+8.2	+5.2
San Francisco.....	3,800	4,900	262,000	69.60	53.15	+3.3	-11.1	-14.2	+18.5

1/ Data not reported for Detroit; percentage changes based on comparable data.
2/ Data for county in which city is located.
3/ Data not reported by Buffalo, New York, and Rochester in July 1967.

Table 14. Old-age, survivors, disability, and health insurance, summary benefit data, August 1967

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	306,111	---	23,366,265	---	$1,692,045	$1,767,533
Retired workers and dependents	152,066	---	15,010,373	---	1,142,962	1,169,416
Retired workers	108,383	$90.61	11,863,800	$85.11	1,009,673	1,030,151
Wives and husbands 2/	29,164	43.09	2,636,429	44.14	116,377	120,782
Children 3/	14,519	37.42	510,144	33.15	16,913	18,483
Disabled workers and dependents	56,053	---	2,069,342	---	142,665	162,471
Disabled workers	26,065	102.20	1,152,861	98.27	113,292	127,513
Wives and husbands 2/	7,141	36.27	225,993	34.25	7,741	9,329
Children 3/	22,847	32.39	690,488	31.33	21,632	25,629
Survivors of deceased workers	85,844	---	5,555,548	---	381,427	409,912
Widowed mothers	10,149	69.66	488,859	65.62	32,079	36,091
Children 3/	44,454	63.47	2,315,702	62.21	144,064	156,874
Widows and widowers 4/	31,016	78.45	2,717,164	74.59	202,683	214,102
Parents	225	87.41	33,823	76.92	2,602	2,845
Persons with special age-72 benefits 5/	12,148	---	731,002	---	24,991	25,734
Primary	11,291	---	707,758	34.74	24,585	25,301
Wives	857	---	23,244	17.47	406	433
Lump-sum death payments 6/	102,894	222.31	---	---	---	21,404

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Includes wives under age 65 with entitled children in their care; a total of 359,000 such wives of retired and disabled workers were in current-payment status.

3/ Includes disabled persons aged 18 and over whose disability began before age 18.

4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.

5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 96,282 deceased workers; the average amount represents average per deceased worker.

Program and Operating Statistics

Public Assistance in September 1967

In September, an increase of 44,000 in the number of recipients of aid to families with dependent children highlighted program changes. A decline of 8,000 persons in the unemployed-parent segment was more than offset by an increase of 52,000 in the number in need for reasons other than a parent's unemployment. All but four States contributed to the national increase in aid to families with dependent children. Changes from August in the numbers aided under the other public assistance programs were relatively slight, with declines occurring in old-age assistance and aid to the blind.

Public assistance payments, including medical vendor payments, totaled $673.2 million in September, a decrease of $6.1 million from August. Medical vendor payments decreased $12.5 million, following an increase of $40.9 million in August. Such payments primarily represent bills paid during the month and are therefore subject to fluctuations unrelated to the provision of medical services. Total money payments to public assistance recipients in September amounted to $423.3 million, $6.5 million more than in the preceding month. Such payments increased in each of the money payment programs except old-age assistance in which a slight decline occurred.

Month-to-month changes in average payments per recipient are frequently influenced by temporary factors and are therefore likely to be erratic. Over an annual period, however, the amount and direction of change is usually significant. In September 1967, average money payments per recipient amounted to $69 in old-age assistance, $79 in aid to the permanently and totally disabled, $89 in aid to the blind, and about $39 each in aid to families with dependent children and general assistance. Compared with September 1966, these amounts represented increases of about $1 in old-age assistance, $6 in aid to the permanently and totally disabled, and $3 each in aid to the blind and aid to families with dependent children, and a slight decline in the general assistance average. In September 1967 aggregate money payments to recipients were greater than in September 1966 for each of the federally aided programs. In old-age assistance and aid to the blind, the number of recipients declined over the year. For these programs, therefore, the increases in aggregate payments were attributable entirely to higher average payments. In aid to the permanently and totally disabled and aid to families with dependent children, there were increases in both recipients and average payments. For aid to the permanently and totally disabled, these increases were of roughly equal importance in contributing to the increase in aggregate payments. Of the rise in aggregate monthly payments in aid to families with dependent children, the increase in the average payment accounted for two-fifths and the larger number of recipients for the remainder.

In September 1967, liberalization of cost standards or adoption of simplified budgeting procedures resulted in appreciable increases in average payments per recipient under the several programs in Massachusetts, New York, and Rhode Island.

Table 1. Amount of public assistance payments in the United States, by month, September 1966-September 1967[1]

Year and month	Total	Money payments 2/ (In thousands)							Medical vendor payments 3/ (In thousands)					
		Total	Federally aided programs					General assistance 5/	Total	Federally aided programs				General assistance 5/
			Total	Old-age assistance 4/	Aid to the blind 4/	Aid to the permanently and totally disabled 4/	Aid to families with dependent children			Total	Medical assistance 6/	Medical assistance for the aged 4/	Other	
	Amount of assistance													
1966														
September	$535,603	$373,355	$350,705	$140,257	$7,280	$42,162	$161,006	$22,650	$162,248	$154,210	$121,698	$11,616	$20,896	$8,038
October	544,127	374,234	351,519	140,486	7,244	42,524	161,265	22,715	169,893	161,205	135,039	5,823	20,343	8,688
November	576,975	377,609	355,103	140,180	7,208	43,073	164,642	22,505	199,366	191,567	166,286	5,245	20,036	7,799
December	582,219	385,414	361,426	141,084	7,268	43,920	169,155	23,988	196,805	190,513	165,372	5,087	20,054	6,292
1967														
January	568,690	389,316	364,487	140,202	7,217	44,131	172,937	24,829	179,373	174,103	148,367	5,206	20,531	5,270
February	569,489	389,524	364,324	140,204	7,212	44,670	172,237	25,200	179,966	174,451	144,526	5,082	24,842	5,515
March	620,248	400,905	374,008	140,758	7,242	45,433	180,575	26,897	219,343	213,891	186,450	5,027	22,414	5,452
April	632,595	401,616	375,808	140,406	7,242	46,024	182,136	25,808	230,979	225,417	197,895	5,033	22,489	5,562
May	625,654	403,515	377,840	140 858	7,255	46,691	183,036	25,675	222,138	217,023	188,743	5,018	23,262	5,115
June	635,363	405,403	379,629	140,563	7,255	47,254	184,577	25,774	229,960	224,697	196,721	4,649	23,327	5,263
July	629,752	408,221	382,390	141,668	7,295	47,951	185,476	25,831	221,531	217,203	190,454	6,472	20,277	4,328
August	679,299	416,841	389,058	142,132	7,348	49,057	190,521	27,773	262,457	257,309	232,030	5,023	20,256	5,148
September	673,218	423,307	394,979	141,645	7,365	49,610	196,359	28,328	249,910	245,205	223,794	5,173	16,238	4,706
	Percentage change from preceding month													
1966														
September	-0.2	+2.6	+2.6	+1.7	+0.8	+1.4	+3.8	+3.0	-6.0	-5.8	+2.7	-38.2	-20.9	-10.0
October	+1.6	+.2	+.2	+.2	-.5	+.9	+.2	-.3	+4.7	+4.5	+11.0	-49.9	-2.6	+8.1
November	+6.0	+.9	+1.0	-.2	-.5	+1.3	+2.3	-.9	+17.3	+18.8	+23.1	-9.9	-1.5	-10.2
December	+.9	+2.1	+1.8	+.6	+.8	+2.0	+2.7	+6.6	-1.0	-.6	-.6	-3.0	+.1	-19.3
1967														
January	-2.3	+1.0	+.8	-.6	-.7	+.5	+2.0	+3.8	-9.2	-8.6	-10.3	+2.3	+2.4	-16.2
February	+.1	+.1	(7/)	(8/)	-.1	+1.2	-.4	+1.5	+.3	+.2	-2.6	-2.4	+21.1	+4.6
March	+8.9	+2.9	+2.7	+.4	+.4	+1.7	+.4	+6.7	+22.6	+22.1	+29.0	-1.1	-9.8	-1.1
April	+2.0	+.2	+.5	-.2	0	+1.3	+.9	-4.1	+5.3	+5.4	+6.1	+.1	+.3	+2.0
May	-1.1	+.5	+.5	+.3	+.2	+1.4	+.5	-.5	-3.9	-3.7	-4.6	-.3	+3.4	-8.0
June	+1.6	+.5	+.5	-.2	0	+1.2	+.8	+.4	+3.5	+3.5	+4.2	-7.4	+.3	+2.9
July	-.9	+.7	+.7	+.8	+.5	+1.5	+.5	+.2	-3.7	-3.3	-3.2	+39.2	-13.1	-17.8
August	+7.9	+2.1	+1.7	+.3	+.7	+2.3	+2.7	+7.5	+18.5	+18.2	+21.8	-22.4	-.1	+18.9
September	-.9	+1.6	+1.5	-.3	+.2	+1.1	+3.1	+2.0	-4.8	-4.7	-3.5	+3.0	-19.8	-8.6
	Percentage change from same month of preceding year													
1967														
September	+25.7	+13.4	+12.6	+1.0	+1.2	+17.7	+22.0	+25.4	+54.0	+59.0	+83.9	-55.5	-22.3	-41.5

1/ All data subject to revision.
2/ Includes nonmedical vendor payments.
3/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provision of medical services.
4/ Represents data for recipients of the specified types of assistance under separate State programs and under State programs for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
6/ Program initiated January 1966 under Public Law 89-97. Data incomplete.
7/ Decrease of less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, September 1966-September 1967[1]

2/ Program initiated January 1966 under Public Law 89-97. Data incomplete.
7/ Decrease of less than 0.05 percent.
8/ Increase of less than 0.05 percent.

Table 2. Number of recipients of public assistance money payments in the United States, by month, September 1966-September 1967[1]

Year and month	Federally aided programs								General assistance 2/	
	Total	Adult programs				Aid to families with dependent children				
		Total	Old-age assistance 3/	Aid to the blind 3/	Aid to the permanently and totally disabled 3/	Families	Total recipients 4/	Children	Cases	Recipients
	Number of recipients (In thousands)									
1966										
September	7,256	2,748	2,084	84.4	580	1,091	4,508	3,414	286	597
October	7,284	2,756	2,089	84.1	583	1,097	4,528	3,428	287	600
November	7,316	2,748	2,079	83.8	585	1,108	4,568	3,460	287	611
December	7,410	2,745	2,073	83.7	588	1,127	4,666	3,526	301	663
1967										
January	7,489	2,742	2,068	83.5	590	1,144	4,748	3,582	312	691
February	7,559	2,742	2,066	83.3	592	1,160	4,817	3,630	313	700
March	7,652	2,747	2,066	83.3	597	1,180	4,906	3,692	324	720
April	7,695	2,750	2,064	83.1	602	1,193	4,945	3,720	317	687
May	7,730	2,758	2,066	83.1	609	1,202	4,973	3,739	314	675
June	7,740	2,763	2,065	83.0	615	1,208	4,977	3,744	310	664
July	7,742	2,764	2,062	82.8	618	1,212	4,978	3,745	313	678
August	7,834	2,776	2,068	82.9	625	1,232	5,058	3,803	332	726
September	7,879	2,777	2,065	82.8	629	1,244	5,102	3,838	333	729
	Percentage change from preceding month									
1966										
September	+0.5	+0.4	+0.2	0	+0.9	+0.6	+0.6	+0.7	+0.1	0
October	+.4	+.3	+.3	-.3	+.5	+.5	+.4	+.4	-.2	(6/)
November	+.4	-.3	-.5	-.4	+.3	+1.1	+.9	+1.0	+.2	+1.8
December	+1.3	-.1	-.3	-.1	+.5	+1.7	+2.1	+1.9	+4.8	+8.5
1967										
January	+1.1	-.1	-.2	-.2	+.4	+1.6	+1.8	+1.6	+4.0	+4.9
February	+.9	0	-.1	-.3	+.4	+1.3	+1.5	+1.3	+.4	+1.4
March	+1.2	+.2	0	0	+.9	+1.7	+1.8	+1.7	+3.3	+2.9
April	+.6	+.1	-.1	-.2	+.8	+1.2	+.9	+.9	-1.9	-4.7
May	+.5	+.3	+.1	-.1	+1.1	+.8	+.5	+.5	-1.1	-1.7
June	+.1	+.1	(6/)	-.1	+.9	+.5	+.1	+.1	-1.2	-1.7
July	(5/)	(5/)	-.1	-.2	+.6	+.3	(5/)	+.1	+.7	+2.2
August	+1.2	+.4	+.3	+.1	+1.1	+1.7	+1.6	+1.5	+6.2	+7.0
September	+.6	(5/)	-.1	-.2	+.7	+1.0	+.9	+.9	+.4	+.5
	Percentage change from same month of preceding year									
1967										
September	+8.6	+1.1	-.9	-1.9	+8.4	+14.0	+13.2	+12.4	+16.4	+22.1

1/ All data subject to revision.
2/ Partly estimated. Does not include Idaho, Indiana, and Nebraska for all months, Kentucky, beginning February 1967, and Puerto Rico beginning May 1967; data not available. Percentage change from preceding month and from same month of preceding year based on comparable data.
3/ Represents data for recipients of the specified types of assistance under separate State programs, and under State programs for the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
5/ Increase of less than 0.05 percent.
6/ Decrease of less than 0.05 percent.

Table 3. Old-age assistance: Recipients and payments to recipients, by State, September 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1967 in--		September 1966 in--	
				Number	Amount	Number	Amount
Total 2/.....	2,065,000	$141,645,000	$68.60	-0.1	-0.3	-0.9	+1.0
Ala.....	114,000	6,851,000	60.15	+.3	+.3	+1.4	-.2
Alaska 3/.....	1,400	101,000	72.05	0	0	+1.7	+3.2
Ariz.....	12,900	729,000	56.70	-.3	-.4	-1.0	-1.1
Ark. 3/.....	65,000	3,871,000	59.55	+.3	+.2	+5.7	+22.6
Calif.....	291,000	29,580,000	101.70	+.2	(4/)	+2.6	-.9
Colo. 2/.....	40,800	3,271,000	80.25	-.1	-.4	-2.2	-4.1
Conn.....	7,200	553,000	76.30	+.8	+5.7	+28.2	+45.3
Del.....	1,800	115,000	64.45	+.3	+.9	+9.3	+11.8
D. C.....	2,300	166,000	73.20	+1.8	+3.6	+1.0	+17.3
Fla. 3/.....	77,000	3,825,000	49.70	-1.9	-1.5	-1.4	+.3
Ga. 3/.....	95,600	4,915,000	51.40	+.4	+.3	+2.3	+9.7
Guam 5/.....	200	7,100	36.15	---	---	---	---
Hawaii 3/.....	1,800	139,000	78.00	+.5	-1.7	+8.5	+16.1
Idaho.....	3,800	251,000	66.90	-.2	-.1	-3.0	+7.1
Ill. 3/.....	38,800	2,361,000	60.80	+.1	+.5	-8.1	-2.1
Ind.....	19,400	917,000	47.20	0	+.6	-.5	-4.0
Iowa.....	24,400	2,528,000	103.60	+.1	+.6	-2.1	+80.9
Kans. 3/.....	17,400	1,489,000	85.60	-.3	+.4	-5.5	+1.3
Ky. 3/.....	61,000	3,449,000	56.55	+.6	+1.3	+4.3	+1.5
La.....	125,000	9,140,000	73.30	+.1	+.2	-1.4	-1.4
Maine 3/.....	10,300	550,000	53.65	+.3	-.1	-5.6	+.3
Md. 3/.....	7,900	483,000	61.45	+.3	(4/)	-6.5	+3.9
Mass.....	49,400	4,012,000	81.30	+.1	+1.8	+2.0	-.2
Mich.....	39,800	2,731,000	68.55	+.2	+.4	+.7	-1.4
Minn.....	25,800	1,651,000	63.90	-.4	+1.1	-18.8	-1.5
Miss.....	75,400	2,925,000	38.80	+.1	-.2	+1.7	+.3
Mo.....	88,500	6,059,000	68.45	-.4	-.2	-3.2	-2.2
Mont.....	3,900	255,000	65.00	-.7	-.6	-4.8	-3.2
Nebr. 3/.....	8,800	508,000	57.75	-1.2	-.1	-20.6	-.7
Nev.....	2,600	185,000	72.05	+3.3	+3.3	+7.7	+3.5
N. H.....	4,200	415,000	99.85	-.2	+.1	-1.3	+.3
N. J.....	13,800	1,042,000	75.35	+.2	+.7	+2.1	+10.7
N. Mex. 3/.....	9,600	552,000	57.35	(4/)	(6/)	-.6	-.1
N. Y. 3/.....	71,300	6,352,000	89.15	+1.0	+3.3	+7.4	+24.8
N. C.....	39,500	2,497,000	63.20	(6/)	+3.0	-4.7	+7.8
N. Dak. 3/.....	4,400	339,000	77.80	+.1	-.5	-10.4	+1.1
Ohio.....	66,600	4,413,000	66.25	-1.0	-2.7	-10.6	-25.1
Okla. 3/.....	80,200	5,961,000	74.35	-.5	-.6	-.7	-3.8
Oreg.....	9,400	572,000	60.95	+.4	(6/)	-20.5	+1.8
Pa.....	44,200	3,320,000	75.10	+.4	+.7	+1.7	+6.6
P. R. 3/.....	24,100	210,000	8.70	-1.5	-1.0	-8.5	-7.7
R. I. 3/.....	4,500	272,000	61.00	-.1	+4.9	-12.3	+3.6
S. C.....	22,000	909,000	41.25	+.2	+.2	-6.2	-6.7
S. Dak.....	5,600	349,000	62.45	+.5	+.5	-11.0	+2.3
Tenn.....	48,400	2,557,000	52.80	+1.6	+1.2	+7.6	+3.6
Tex.....	227,000	13,375,000	58.90	-1.4	-6.3	-.6	-4.9
Utah.....	4,500	265,000	58.70	+.2	-2.6	-5.8	+4.0
Vt. 3/.....	4,200	301,000	71.20	+.1	+.1	-9.1	+12.1
V. I.....	400	15,200	37.95	-1.0	-2.0	-2.9	-.9
Va.....	11,200	619,000	55.25	+.2	+.7	-3.9	+4.3
Wash.....	26,300	1,809,000	68.85	-.3	-.2	-4.4	+5.2
W. Va.....	11,800	682,000	57.75	0	+1.1	-11.3	+14.8
Wis.....	17,000	1,071,000	63.05	-.4	+2.1	-20.2	+1.0
Wyo.....	2,000	132,000	65.35	+.1	+1.4	-12.0	-17.8

1/ All data subject to revision.
2/ Includes 3,700 recipients aged 60-64 in Colorado and payments of $338,000 to these recipients. Such payments were made without Federal participation.
3/ Represents aid to the aged under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
4/ Increase of less than 0.05 percent.
5/ August data; September data not reported.
6/ Decrease of less than 0.05 percent.

Table 4. Aid to the blind: Recipients and payments to recipients, by State, September 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1967 in--		September 1966 in--	
				Number	Amount	Number	Amount
Total 2/ 3/....	82,800	$7,365,000	$89.00	-0.2	+0.2	-1.9	+1.2
Ala.....	1,800	130,000	70.80	-.5	+.1	-.6	+5.8
Alaska 4/.....	97	8,400	86.15	(5/)	(5/)	-5.8	-1.9
Ariz.....	700	49,800	71.05	-.6	+.3	-5.5	-6.6
Ark. 4/.....	1,900	137,000	70.65	0	-.2	+2.2	+16.7
Calif. 2/.....	12,500	1,670,000	133.80	-.2	+.2	+.1	+3.3
Colo.....	210	15,300	73.10	-1.4	+2.0	-7.9	-7.5
Conn.....	260	20,500	78.95	+.4	-1.3	-7.5	-2.6
Del.....	350	29,600	84.95	+1.5	+3.7	+4.2	+10.7
D. C.....	200	17,300	88.35	+2.1	+3.2	-2.5	+12.2
Fla. 4/.....	2,600	164,000	64.00	-.8	-.5	-1.9	+.1
Ga. 4/.....	3,200	197,000	62.05	+.1	(7/)	+.1	+8.3
Guam 6/.....	6	200	(5/)	---	---	---	---
Hawaii 4/.....	72	7,300	101.05	(5/)	(5/)	(5/)	(5/)
Idaho.....	110	8,700	79.45	+2.8	+1.1	-5.2	+9.0
Ill. 4/.....	1,900	144,000	76.90	-1.0	+.1	-8.5	+.6
Ind.....	1,600	101,000	64.75	0	+.7	-2.2	-1.3
Iowa.....	1,100	114,000	108.95	+.1	+1.3	+.4	+17.9
Kans. 4/.....	410	36,900	90.90	-.5	-.5	-4.7	-3.8
Ky. 4/.....	2,600	181,000	70.45	+.5	+.7	+3.7	+3.7
La.....	2,500	194,000	76.60	-.2	-.5	-2.3	-2.0
Maine 4/.....	220	16,300	73.60	-1.3	(7/)	-3.1	-2.4
Md. 4/.....	340	26,500	78.70	+.3	-1.8	-2.0	+7.3
Mass.....	2,300	287,000	123.00	+.7	+4.2	-1.9	-25.7
Mich.....	1,500	124,000	84.95	-.3	-.7	-2.2	+.4
Minn.....	840	67,600	80.80	+.4	+1.2	-8.4	+4.1
Miss.....	2,400	114,000	46.70	-.3	-.7	-.7	-1.0
Mo. 2/.....	3,900	315,000	80.00	-.5	-.5	-5.1	-5.1
Mont.....	170	13,600	79.70	-.6	-4.0	-19.3	-13.8
Nebr. 4/.....	380	29,700	78.85	-.8	-.7	-22.9	-1.8
Nev.....	150	12,500	84.00	+4.2	+.2	-2.0	-17.2
N. H.....	250	25,000	101.30	+2.5	+.3	+2.1	-3.4
N. J.....	900	81,900	90.80	+.4	+1.0	+1.6	+8.2
N. Mex. 4/.....	360	27,300	75.20	0	+1.3	+3.7	+10.3
N. Y. 4/.....	3,100	335,000	107.75	-1.2	+1.2	+.7	+11.7
N. C.....	4,700	365,000	77.95	+.4	+1.2	-1.4	+9.6
N. Dak. 4/.....	84	7,200	85.75	(5/)	(5/)	(5/)	(5/)
Ohio.....	2,900	213,000	74.05	-.6	-1.1	-5.2	-8.2
Okla. 4/.....	1,500	160,000	104.70	-1.2	-.8	-2.0	-3.5
Oreg.....	500	45,400	90.25	+.8	-.2	+3.1	+8.2
Pa. 3/.....	9,900	1,069,000	108.50	-.1	-.3	-.7	+1.1
P. R. 4/.....	1,100	9,300	8.80	-2.7	-2.4	-14.1	-13.1
R. I. 4/.....	110	8,800	77.90	0	+8.4	+5.6	+14.1
S. C.....	1,900	105,000	55.15	+.6	+.4	+.3	-1.1
S. Dak.....	110	10,100	89.00	+1.8	+9.6	+5.6	+24.4
Tenn.....	1,800	124,000	68.00	+.1	+.5	-3.4	-2.4
Tex.....	4,200	315,000	74.95	(7/)	-.1	-2.2	+2.0
Utah.....	140	9,100	64.50	+2.9	-3.2	-2.1	+1.3
Vt. 4/.....	110	8,700	79.80	+1.9	+5.1	+4.8	+20.0
V. I.....	9	340	(5/)	(5/)	(5/)	(5/)	(5/)
Va.....	1,100	81,300	73.45	+.3	+.2	+.6	+12.5
Wash.....	510	43,700	85.30	-2.1	-4.3	-9.1	+6.6
W. Va.....	630	34,800	55.40	+.3	+1.5	-15.6	+1.8
Wis.....	610	49,500	81.20	-.2	-1.4	-7.9	+10.0
Wyo.....	48	3,400	(5/)	(5/)	(5/)	(5/)	(5/)

1/ All data subject to revision.
2/ Data include recipients of payments made without Federal participation and payments to these recipients as follows: California, $19,100 to 120 recipients and Missouri, $48,100 to 600 recipients.
3/ Does not include $574,000 to an estimated 7,700 recipients under State blind pension program in Pennsylvania administered under State Law without Federal participation.
4/ Represents aid to the blind under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
6/ Data for August; September data not reported.
7/ Increase of less than 0.05 percent.

Table 5. Aid to the permanently and totally disabled: Recipients and payments to recipients, by State, September 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

State	Number of recipients	Payments to recipients		Percentage change from--			
		Total amount	Average	August 1967 in--		September 1966 in--	
				Number	Amount	Number	Amount
Total.....	629,000	$49,610,000	$78.80	+0.7	+1.1	+8.6	+17.7
Ala.....	15,400	702,000	45.50	+.3	+.6	+2.4	+3.5
Alaska 2/.....	370	28,100	76.20	0	0	+21.8	+26.3
Ariz.....	5,700	380,000	66.65	+1.3	+1.4	+23.9	+24.1
Ark. 2/.....	11,500	732,000	63.90	+.9	+.9	+13.1	+27.7
Calif.....	114,000	13,244,000	116.20	+1.4	+.8	+22.9	+28.8
Colo.....	7,000	452,000	64.60	+.8	+1.4	+5.8	+9.1
Conn.....	4,700	412,000	87.90	+2.6	+2.5	-30.3	-9.6
Del.....	930	85,100	91.50	+2.5	+.4	+57.1	+61.1
D. C.....	4,100	351,000	85.80	-.8	(3/)	+17.7	+31.3
Fla. 2/.....	21,000	1,273,000	60.65	-.9	-.5	+2.3	+8.9
Ga. 2/.....	28,600	1,719,000	60.15	+.5	+.5	+2.8	+10.6
Guam 4/.....	45	1,600	(5/)	---	---	---	---
Hawaii 2/.....	1,400	153,000	106.45	+1.2	-.7	+18.9	+26.1
Idaho.....	2,600	192,000	74.05	+.3	+.5	-3.3	+22.7
Ill. 2/.....	30,900	2,423,000	78.35	+1.1	+1.7	+5.1	+9.7
Ind.....	2,500	123,000	48.05	+2.4	+3.8	+32.6	+26.6
Iowa.....	2,000	255,000	127.55	+1.1	+1.4	+24.7	+150.0
Kans. 2/.....	5,600	624,000	111.40	+.8	+1.6	+8.1	+15.9
Ky. 2/.....	14,100	996,000	70.85	+1.5	+5.2	+12.4	+13.9
La.....	22,500	1,175,000	52.20	+.4	+.9	+7.5	+7.4
Maine 2/.....	2,500	181,000	73.55	+1.1	+.9	+8.3	+14.5
Md. 2/.....	11,300	867,000	76.95	+1.5	+1.7	+32.7	+41.6
Mass.....	13,800	1,261,000	91.20	+.8	+2.4	+2.6	+16.6
Mich.....	17,100	1,419,000	82.95	+1.8	+2.7	+11.7	+2.4
Minn.....	7,600	581,000	76.15	+1.6	+3.0	+26.6	+39.0
Miss.....	21,800	1,003,000	46.10	+.7	+.4	+4.4	+6.2
Mo.....	16,700	1,219,000	73.15	+.5	+.5	+5.2	+5.7
Mont.....	1,400	109,000	77.90	+2.4	+2.4	-6.4	+6.9
Nebr. 2/.....	3,200	214,000	66.40	+.8	+3.8	+11.5	+24.1
N. H.....	690	63,500	92.05	-.6	+1.5	+1.2	+4.1
N. J.....	9,400	833,000	88.90	+1.2	+3.3	+6.7	+16.6
N. Mex. 2/.....	4,900	345,000	70.30	+1.0	+1.0	+14.3	+15.7
N. Y. 2/.....	38,600	3,732,000	96.80	-1.4	+1.0	+12.4	+19.8
N. C.....	23,200	1,581,000	68.25	+.1	+1.8	+2.9	+11.5
N. Dak. 2/.....	1,800	151,000	84.20	-.1	+.2	+10.2	+19.2
Ohio.....	21,700	1,626,000	74.80	+.4	+.3	+7.0	+.3
Okla. 2/.....	19,600	1,858,000	94.90	+.3	+.3	+13.9	+12.4
Oreg.....	5,200	413,000	79.70	+1.2	+1.2	-2.6	+4.8
Pa.....	25,800	1,892,000	73.30	+.5	+.3	+20.2	+24.2
P. R. 2/.....	12,800	109,000	8.50	-.9	-.4	-34.5	-35.8
R. I. 2/.....	3,200	260,000	80.50	+1.0	+5.8	+9.8	+17.7
S. C.....	9,300	450,000	48.40	+.5	+.7	+.3	+1.3
S. Dak.....	1,300	84,400	64.55	+1.1	+1.1	+7.7	+11.6
Tenn.....	16,800	1,105,000	65.75	+1.2	+1.4	+12.5	+14.0
Tex.....	11,800	713,000	60.60	+.4	-.2	+10.4	+13.3
Utah.....	3,500	218,000	62.35	+1.7	+.4	+5.7	+16.4
Vt. 2/.....	1,300	111,000	82.20	+.2	-.4	+15.2	+30.7
V. I.....	57	2,300	40.75	(5/)	(5/)	(5/)	(5/)
Va.....	7,100	460,000	65.10	+.3	+1.0	+5.9	+12.0
Wash.....	9,800	756,000	77.05	+.5	+1.6	-16.7	+20.1
W. Va.....	5,900	316,000	53.30	+1.1	+1.9	+.9	+24.3
Wis.....	4,700	303,000	64.05	+3.3	+3.0	+4.1	+16.0
Wyo.....	800	55,300	69.30	+.8	+2.7	+6.0	+5.0

1/ All data subject to revision.
2/ Represents aid to the permanently and totally disabled under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
3/ Increase of less than 0.05 percent.
4/ Data for August; September data not reported.
5/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.

Table 6. Aid to families with dependent children: Recipients and payments to recipients, by State, September 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		August 1967 in--		September 1966 in--	
		Total 2/	Children	Total amount	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 3/...	1,244,000	5,102,000	3,838,000	$196,359,000	$157.80	$38.50	+0.9	+3.1	+13.2	+22.0
Ala.....	17,400	72,300	57,800	928,000	53.30	12.80	+.7	+1.2	+3.3	+4.7
Alaska.....	1,300	5,000	3,900	175,000	130.20	34.90	+1.1	+3.6	+4.7	+2.6
Ariz.....	10,200	43,400	33,100	1,251,000	123.05	28.80	+1.3	+1.2	+1.8	+3.1
Ark.....	9,000	37,400	28,400	730,000	80.90	19.50	+.9	+1.0	+15.7	+34.4
Calif. 3/.....	190,000	756,000	554,000	33,674,000	176.80	44.55	-.4	+4.1	+15.1	+16.9
Colo. 3/.....	13,900	53,800	41,200	2,035,000	146.80	37.85	+.9	+1.6	+7.7	+9.6
Conn. 3/.....	14,600	57,800	43,300	2,744,000	188.20	47.45	+.3	-2.8	+14.7	+19.6
Del. 3/.....	3,600	15,400	11,700	493,000	135.30	32.00	+2.7	+2.8	+24.0	+29.2
D. C.....	5,300	24,800	19,900	947,000	177.65	38.20	+1.2	+1.5	+9.3	+26.2
Fla.....	36,900	146,000	116,000	2,233,000	60.50	15.35	+.5	+.7	+11.3	+10.9
Ga.....	25,100	99,400	76,700	2,531,000	100.75	25.45	+1.9	+1.9	+16.8	+26.5
Guam 4/.....	160	850	720	14,500	89.75	17.10	---	---	---	---
Hawaii 3/.....	4,500	19,100	14,000	841,000	188.30	44.00	+2.4	-6.0	+22.6	+26.4
Idaho.....	3,000	11,600	8,400	543,000	179.15	46.95	+1.7	+2.1	+14.5	+30.1
Ill. 3/.....	56,700	264,000	206,000	11,315,000	199.40	42.85	+1.4	+1.9	+6.2	+10.3
Ind.....	12,100	50,400	38,100	1,601,000	132.60	31.80	+1.4	+3.1	+7.5	+24.9
Iowa.....	11,700	45,700	33,400	2,285,000	195.05	49.95	+2.3	+3.0	+3.6	+34.2
Kans. 3/.....	9,200	38,600	30,000	1,688,000	182.80	43.80	+1.9	+3.2	+12.2	+13.3
Ky.....	26,100	103,000	75,100	2,907,000	111.40	28.15	+2.2	+2.4	+23.2	+24.3
La.....	27,800	120,000	92,400	2,874,000	103.40	23.95	+.9	+1.1	+10.4	+10.9
Maine.....	5,700	21,100	15,400	627,000	110.90	29.80	+1.2	+1.1	+10.5	+10.9
Md. 3/.....	25,500	103,000	79,400	3,984,000	156.40	38.75	+.6	(5/)	+13.1	+21.9
Mass. 3/.....	35,200	132,000	98,800	7,246,000	205.75	54.80	+2.5	+4.4	+24.5	+47.6
Mich. 3/.....	41,700	172,000	130,000	7,488,000	179.40	43.00	+1.3	+2.4	+12.1	+40.8
Minn.....	15,600	57,000	44,200	3,000,000	192.90	52.60	-1.7	-2.0	+6.7	+19.0
Miss.....	22,800	95,500	77,300	798,000	35.00	8.35	+.9	+1.1	+12.3	+18.5
Mo.....	26,300	110,000	84,800	2,734,000	103.95	24.90	+.2	+.3	+2.3	+1.7
Mont.....	2,500	9,600	7,400	369,000	148.15	38.30	+2.6	+2.9	+13.6	+18.4
Nebr. 3/.....	5,500	22,100	16,900	814,000	148.60	36.90	+2.1	+3.2	+16.7	+49.3
Nev.....	1,800	7,200	5,700	221,000	120.30	30.70	+3.1	+.1	+25.6	+27.7
N. H.....	1,400	5,600	4,200	222,000	164.50	39.70	+.6	+.6	+9.7	+8.6
N. J.....	34,400	138,000	105,000	7,854,000	228.15	56.95	+1.9	+3.5	+17.6	+33.9
N. Mex.....	9,100	37,200	28,200	1,141,000	126.05	30.70	+.2	+.3	+17.3	+21.4
N. Y. 3/.....	187,000	747,000	549,000	43,439,000	232.75	58.15	+.9	+5.8	+24.6	+25.1
N. C.....	25,500	105,000	78,900	2,632,000	103.25	25.15	+.6	+1.2	-.5	+5.0
N. Dak.....	2,300	9,300	7,100	431,000	187.60	46.25	+1.1	+2.3	+14.6	+19.2
Ohio 3/.....	49,500	205,000	154,000	7,595,000	153.35	36.95	+1.6	+1.2	+9.8	+23.0
Okla. 3/.....	22,400	88,100	66,300	3,034,000	135.45	34.45	-.2	-.2	+11.2	+9.2
Oreg. 3/.....	9,800	37,300	26,900	1,595,000	162.45	42.75	+3.1	+3.0	+22.7	+30.3
Pa. 3/.....	64,200	275,000	203,000	10,085,000	157.10	36.75	+.7	+1.5	+14.3	+30.9
P. R.....	37,200	180,000	138,000	897,000	24.10	4.95	+.4	+7.4	-.5	+20.0
R. I. 3/.....	7,400	29,000	21,300	1,285,000	172.85	44.25	+1.2	+6.4	+17.4	+27.6
S. C.....	6,700	26,000	21,000	450,000	67.25	17.30	+3.5	+3.5	+2.9	+11.3
S. Dak.....	3,600	13,400	10,100	564,000	157.75	42.00	+.8	+.7	+8.2	+23.4
Tenn.....	23,300	93,200	71,700	2,497,000	107.40	26.80	+1.0	+.9	+11.3	+12.3
Tex.....	24,900	110,000	84,500	2,370,000	95.25	21.50	+1.9	+2.6	+11.1	+12.2
Utah 3/.....	6,400	26,000	18,700	965,000	149.65	37.10	+3.8	+3.1	+20.6	+23.8
Vt.....	2,000	7,600	5,600	327,000	161.55	42.80	+3.1	+4.2	+29.6	+91.7
V. I.....	390	1,500	1,300	42,800	110.15	28.15	+1.7	-1.8	+19.3	+60.9
Va.....	13,300	55,700	42,800	1,656,000	124.80	29.70	+1.4	+2.7	+15.4	+27.0
Wash. 3/.....	16,000	60,900	43,600	2,845,000	175.35	46.70	+1.6	+2.7	+21.4	+38.8
W. Va. 3/.....	20,800	96,300	67,800	2,424,000	116.55	25.15	-.4	-.6	-2.7	+3.1
Wis. 3/.....	14,200	56,600	42,900	2,754,000	194.30	48.65	+2.5	+5.6	+18.0	+33.0
Wyo.....	1,100	4,300	3,300	163,000	143.10	38.05	+1.0	+1.5	(6/)	+3.4

1/ All data subject to revision.
2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.
3/ Includes data on unemployed-parent segment; see table 7.
4/ August data; September data not reported.
5/ Decrease of less than 0.05 percent.
6/ Increase of less than 0.05 percent.

Table 7. Aid to families with dependent children, unemployed-parent segment: Recipients and payments to recipients, by State, September 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of families	Number of recipients		Payments to recipients			Percentage change from--			
					Average per--		August 1967 in--		September 1966 in--	
		Total 2/	Children	Total	Family	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total...	59,000	335,000	226,000	$12,794,000	$216.70	$38.20	-2.5	-0.7	+17.8	+25.9
Calif.....	20,300	116,000	78,500	4,263,000	210.10	36.75	-5.0	-3.2	+23.0	+23.3
Colo.....	920	5,600	3,700	209,000	225.40	37.50	-3.2	-2.8	+49.2	+58.8
Conn.....	450	2,600	1,700	96,500	215.90	37.60	-17.5	-18.3	+3.2	-4.0
Del.....	200	1,200	810	36,300	178.75	30.80	-3.4	-2.1	+52.7	+55.4
Hawaii.....	370	2,300	1,500	87,300	233.35	38.65	+6.7	-2.1	+40.6	+48.1
Ill.....	2,900	18,600	12,900	754,000	257.90	40.55	-2.6	-1.5	-6.6	+2.0
Kans.....	240	1,400	970	52,200	222.20	36.30	+3.0	+10.6	+17.2	+19.0
Md.....	310	1,800	1,100	60,000	191.00	34.20	-13.1	-15.4	+16.5	+26.8
Mass.....	620	3,700	2,700	186,000	302.70	50.65	+7.8	+8.2	+30.1	+54.7
Mich.....	1,600	10,300	7,100	418,000	259.35	40.50	-3.4	-1.4	+14.1	+57.1
Nebr.....	53	370	270	11,900	224.40	32.25	-1.9	+4.1	+232.4	+451.9
N. Y.....	14,400	75,300	51,000	3,743,000	259.30	49.75	-1.6	+1.4	+21.7	+28.2
Ohio.....	2,800	17,100	11,600	591,000	209.95	34.55	-.9	-.8	+8.1	+20.3
Okla.....	650	3,900	2,600	125,000	192.90	32.30	+8.7	+8.4	+218.0	+220.3
Oreg.....	750	4,300	2,900	168,000	224.40	38.85	+11.9	+17.2	+29.1	+35.3
Pa.....	2,500	14,300	9,500	400,000	160.15	28.00	-4.5	-2.6	+23.6	+41.2
R. I.....	330	1,900	1,200	69,500	213.05	37.05	-8.2	-1.4	+26.9	+38.7
Utah.....	1,200	6,500	4,400	169,000	144.05	26.10	+14.3	+16.3	+54.6	+79.4
Wash.....	960	4,800	3,000	194,000	201.35	40.10	-.9	+2.7	+87.1	+122.0
W. Va.....	6,900	39,700	26,500	1,018,000	148.20	25.65	-.7	-.8	-5.1	+3.2
Wis.....	560	3,200	2,100	142,000	252.95	44.70	+1.6	+4.6	+22.2	+44.9

1/ Data for this segment of the program, shown separately here, are included in data for the total program. All data subject to revision.

2/ Includes as recipients the children and 1 or both parents or 1 caretaker relative other than a parent in families in which the requirements of such adults were considered in determining the amount of assistance.

Table 8. Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1967[1]

Table 8. Amount of vendor payments for medical care for recipients of public assistance, by program and State, September 1967[1]

State	Total	Percentage change from--		Medical assistance	Medical assistance for the aged	Old-age assistance	Aid to the blind	Aid to the permanently and totally disabled	Aid to families with dependent children	General assistance 2/
		August 1967	September 1966							
Total	3/ $349,910,000	-4.6	+60.1	3/ $223,794,000	$5,173,000	$10,921,000	$243,000	$3,048,000	$2,027,000	$4,706,000
Ala.	1,242,000	-1.5	+21.6	---	1,200	1,126,000	4,500	110,000	---	---
Alaska 4/	28,200	-85.5	-67.6	---	---	2,000	---	3,000	---	23,200
Ariz.	133,000	-2.9	+2.3	---	1,300	131,000	---	---	---	---
Ark. 4/	1,719,000	0	+27.6	---	96,000	1,141,000	32,700	372,000	76,800	---
Calif.	47,003,000	-6.5	+49.6	47,003,000	---	---	---	---	---	---
Colo.	2,037,000	+1.4	-1.7	---	5/ 1,236,000	380,000	5,100	165,000	228,000	22,500
Conn.	3,690,000	-2.6	+35.4	3,690,000	---	---	---	---	---	---
Del.	263,000	+17.4	+673.5	263,000	---	---	---	---	---	---
D. C.	273,000	+21.3	-44.8	---	266,000	1,300	47	2,700	2,000	680
Fla. 4/	1,885,000	-2.3	+1.3	---	---	1,589,000	15,200	209,000	72,100	---
Ga. 4/	2,003,000	+2.8	+63.8	---	---	1,548,000	17,100	347,000	91,100	---
Guam 6/	7,100	---	---	---	300	1,300	---	4,000	1,600	---
Hawaii	583,000	-7.3	+71.0	559,000	---	---	---	---	---	24,000
Idaho	457,000	+2.0	-2.6	427,000	---	---	---	---	---	---
Ill.	10,927,000	-8.3	+52.5	10,075,000	---	---	---	---	---	852,000
Ind.	2,373,000	+7.8	+89.7	---	306,000	1,212,000	89,400	335,000	430,000	---
Iowa	688,000	-70.7	-67.2	564,000	---	---	---	---	---	7/ 124,000
Kans.	1,566,000	-19.7	+13.2	1,566,000	---	---	---	---	---	---
Ky.	2,349,000	-8.8	+93.8	2,349,000	---	---	---	---	---	---
La.	3,449,000	+6.1	+66.1	3,383,000	---	---	---	---	---	65,600
Maine	780,000	-10.1	+86.4	710,000	---	---	---	---	---	70,200
Md.	3,311,000	-17.9	+124.2	3,311,000	---	---	---	---	---	---
Mass.	13,832,000	+2.0	+58.1	13,613,000	---	---	---	---	---	219,000
Mich.	11,179,000	-40.1	+31.7	11,029,000	---	---	---	---	---	150,000
Minn.	6,487,000	-5.3	+15.4	6,314,000	---	---	---	---	---	173,000
Miss.	259,000	-4.8	+607.6	---	---	213,000	2,000	44,100	---	---
Mo.	1,169,000	-7.6	+8.7	---	---	953,000	---	116,000	68,900	31,600
Mont.	662,000	+30.1	+13.7	359,000	---	---	---	---	---	303,000
Nebr.	1,771,000	-3.6	+22.1	1,771,000	---	---	---	---	---	---
Nev.	352,000	+177.2	+134.7	352,000	---	---	---	---	---	---
N. H.	194,000	-13.0	-9.8	194,000	---	---	---	---	---	---
N. J.	3,941,000	+2.0	+43.4	---	5/ 2,608,000	173,000	14,600	349,000	485,000	311,000
N. Mex.	733,000	-13.2	+38.0	714,000	---	---	---	---	---	19,100
N. Y.	69,117,000	-2.9	+130.2	69,117,000	---	---	---	---	---	---
N. C.	1,476,000	-.9	-7.9	---	124,000	356,000	10,200	551,000	357,000	77,900
N. Dak.	826,000	+6.6	+29.5	816,000	---	---	---	---	---	9,700
Ohio	6,713,000	+36.2	+339.6	5,559,000	---	---	---	---	---	1,154,000
Okla.	4,926,000	+6.6	-8.0	4,926,000	---	---	---	---	---	---
Oreg.	1,329,000	-5.7	+27.9	1,212,000	---	---	---	---	---	117,000
Pa.	9,313,000	-15.1	+16.7	9,313,000	---	---	---	---	---	---
P. R. 6/	3,407,000	---	---	3,407,000	---	---	---	---	---	---
R. I.	1,886,000	+44.3	+131.1	1,786,000	---	---	---	---	---	99,800
S. C.	791,000	+23.8	+63.8	---	---	544,000	32,500	172,000	33,400	9,000
S. Dak. 8/	582,000	+3.9	+47.0	---	271,000	163,000	670	42,500	---	105,000
Tenn.	1,332,000	+2.3	+21.2	---	182,000	968,000	3,100	70,600	107,000	---
Tex.	6,129,000	+43.2	+76.8	6,129,000	---	---	---	---	---	---
Utah	766,000	-10.4	+3.1	758,000	---	---	---	---	---	7,500
Vt.	481,000	-17.9	+57.2	481,000	---	---	---	---	---	---
V. I.	(3/)	---	---	(3/)	---	---	---	---	---	---
Va.	772,000	+10.3	+11.6	---	81,200	419,000	15,600	154,000	73,100	28,300
Wash.	3,694,000	+46.8	+23.8	3,694,000	---	---	---	---	---	---
W. Va.	922,000	+25.6	+174.4	877,000	---	---	---	---	---	44,500
Wis.	7,404,000	-1.5	+82.0	7,404,000	---	---	---	---	---	---
Wyo.	82,400	-25.8	-47.2	39,000	---	---	---	---	---	43,400

1/ Amounts represent primarily bills paid during the month and therefore are subject to fluctuations unrelated to provisions of medical services. All data subject to revision
2/ Data incomplete for general assistance. Some States do not report these data and for some the data represent only partial reporting. The total includes an estimated amount for these States.
3/ Data not reported by Virgin Islands.
4/ Except for aid to families with dependent children and general assistance, data represent payments for recipients of the specified types of assistance under program for aid to the aged, blind, or disabled, or for such aid and medical assistance for the aged.
5/ Excludes small amount of money payments not subject to Federal participation.
6/ Data for August; September data not reported.
7/ Partly estimated.
8/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Table 9. Amount of medical vendor payments for public assistance programs under the Social Security Act, by form of payment and State, September 1967[1]

State	Total	Form of medical vendor payments	
		Payments to vendors directly or through fiscal agent	Premium or per capita payments 2/
Total 3/	$245,206,000	$231,851,000	$13,350,000
Title XIX States 3/	223,794,000	213,904,000	9 887,000
Other States	21,412,000	17,947,000	3, 463,000
	Title XIX States		
Calif	47,003,000	45,595,000	1,407,000
Conn	3,690,000	3,665,000	24,200
Del	263,000	263,000	---
Hawaii	559,000	559,000	---
Idaho	457,000	457,000	---
Ill	10,075,000	10,075,000	---
Iowa	564,000	482,000	81,200
Kans	1,566,000	1,566,000	---
Ky	2,349,000	2,349,000	---
La	3,383,000	3,383,000	---
Maine	710,000	676,000	33,400
Md	3,311,000	3,311,000	---
Mass	13,613,000	13,540,000	73,300
Mich	11,029,000	11,029,000	---
Minn	6,314,000	6,234,000	80,200
Mont	359,000	346,000	12,400
Nebr	1,771,000	1,739,000	32,300
Nev	352,000	352,000	---
N. H	194,000	181,000	13,300
N. Mex	714,000	714,000	---
N. Y	69,117,000	69,117,000	---
N. Dak	816,000	816,000	---
Ohio	5,559,000	5,559,000	---
Okla	4,926,000	892,000	2/ 4,035,000
Oreg	1,212,000	1,212,000	---
Pa	9,313,000	9,313,000	---
P. R	3,407,000	3,407,000	---
R. I	1,786,000	1,786,000	---
Tex	6,129,000	2,074,000	2/ 4,055,000
Utah	758,000	758,000	---
Vt	481,000	468,000	12,800
Wash	3,694,000	3,683,000	2/ 10,200
W. Va	877,000	877,000	---
Wis	7,404,000	7,387,000	16,500
Wyo	39,000	39,000	---
	Other States		
Ala	1,242,000	1,242,000	---
Alaska	5,000	5,000	---
Ariz	133,000	97,400	35,300
Ark	1,719,000	1,523,000	196,000
Colo	2,014,000	1,680,000	2/ 334,000
D. C	272,000	272,000	---
Fla	1,885,000	1,647,000	238,000
Ga	2,003,000	2,003,000	---
Guam	7,200	7,200	---
Ind	2,373,000	2,086,000	2/ 286,000
Miss	259,000	259,000	---
Mo	1,137,000	1,137,000	---
N. J	3,630,000	3,581,000	49,200
N. C	1,399,000	379,000	2/ 1,019,000
S. C	782,000	714,000	68,600
S. Dak. 4/	477,000	460,000	16,600
Tenn	1,332,000	183,000	2/ 1,148,000
Va	743,000	671,000	2/ 72,300

1/ All data subject to revision.
2/ Entries represent premium payments into the Social Security Administration system for Supplementary Medical Insurance except for premium payments into an agency pooled fund by North Carolina-$1,019,000; Oklahoma-$3,788,000; Tennessee-$1,148,000; and premium payments to health-insuring agencies by Colorado-$223,000; Indiana-$225,000; Texas-$3,362,000; Virginia-$38,800; and Washington-$10,200.
3/ Data not reported by the Virgin Islands.
4/ Title XIX plan approved effective July, but payments for medical services under plan will not be initiated until October 1967.

Note: Data represent total of unrounded State data. Totals may not equal added sums of parts.

Table 10. General assistance: Recipients and payments to recipients, by State, September 1967[1]

/Excludes vendor payments for medical care and cases receiving only such payments/

State	Number of--		Payments to recipients			Percentage change from---			
				Average per--		August 1967 in--		September 1966 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total 2/	333,000	729,000	$28,328,000	$85.10	$38.85	+0.5	+2.0	+22.1	+25.4
Ala.	87	87	1,100	12.75	12.75	(3/)	(3/)	(3/)	(3/)
Alaska	96	350	5,600	58.45	16.10	-38.7	-47.6	-29.8	-24.1
Ariz.	1,800	5,600	86,000	46.55	15.35	+13.9	+5.0	+5.0	-23.5
Ark.	260	980	3,600	13.85	3.65	+3.3	-6.0	-12.8	-17.2
Calif.	30,800	53,700	2,239,000	72.70	41.70	+2.5	-.7	+34.2	+32.6
Colo.	1,200	3,700	46,100	39.50	12.35	-1.5	+3.5	+14.2	-3.7
Conn.	4/5,100	4/14,400	4/ 410,000	80.35	28.45	+1.0	-24.5	+23.4	+26.0
Del.	1,600	3,100	90,600	58.35	29.00	+7.1	+5.7	+17.8	+20.8
D. C.	970	1,000	84,100	87.00	80.35	+1.5	+1.2	-2.4	+8.2
Fla. 5/	8,100	(6/)	246,000	---	---	---	---	---	---
Ga.	2,400	5,800	82,000	34.00	14.20	+.4	-2.3	-2.5	-4.1
Guam	44	52	1,800	(3/)	34.60	---	---	---	---
Hawaii	1,400	2,300	127,000	92.65	54.65	+3.2	-1.8	+34.0	+27.4
Ill.	22,000	51,900	2,086,000	94.95	40.15	-5.5	-3.4	+19.8	+24.0
Iowa 5/	3,300	7,800	136,000	---	---	---	---	---	---
Kans.	2,600	6,000	221,000	84.00	36.95	-2.7	+2.3	+14.1	+14.8
La.	6,100	6,700	310,000	50.95	46.45	+1.2	+.9	-5.5	-8.1
Maine	2,100	6,900	95,900	46.05	13.85	+13.4	+5.1	+34.6	+17.5
Md.	7,400	8,400	602,000	81.40	71.60	-3.6	-3.4	-10.3	-8.4
Mass.	8,700	19,600	798,000	91.55	40.85	-2.3	-.1	+33.5	+35.7
Mich.	17,800	61,600	1,896,000	106.30	30.75	+3.0	+2.3	+28.0	+.5
Minn.	5,200	16,200	457,000	88.10	28.20	-3.0	-5.8	-5.5	-6.8
Miss.	1,200	1,500	22,900	18.55	15.05	-.6	+4.9	+9.1	+4.7
Mo.	9,500	12,400	632,000	66.80	50.95	+3.4	+.4	+5.7	+.7
Mont.	2,000	8,000	156,000	76.40	19.55	+12.0	+30.0	+222.8	+214.6
Nev. 8/	290	640	14,900	51.50	23.45	---	---	---	---
N. H.	610	1,900	39,700	64.85	20.80	-5.7	-4.3	-.2	+4.3
N. J. 9/	12,100	37,300	1,609,000	132.70	43.10	(10/)	+2.8	+28.1	+36.2
N. Mex.	450	850	22,400	49.65	26.30	-6.5	+5.0	+98.8	+107.7
N. Y.	77,400	162,000	9,103,000	117.70	56.10	+1.1	+3.7	+34.9	+43.3
N. C.	1,800	4,600	51,600	29.30	11.10	+6.7	+11.0	+5.4	+1.1
N. Dak.	180	670	8,800	48.90	13.15	-24.5	-17.5	-27.3	-29.8
Ohio	26,500	74,900	2,543,000	95.85	33.95	-.7	+12.6	+33.5	+37.4
Okla.	5,400	(6/)	69,500	12.95	---	---	+.9	---	-3.1
Oreg.	3,600	(6/)	226,000	63.05	---	---	+6.9	---	+42.5
Pa.	29,100	36,900	2,194,000	75.35	59.40	(11/)	+1.6	+7.6	+15.7
R. I.	3,500	8,500	244,000	70.35	28.75	-9.4	-15.8	+8.5	+10.7
S. C.	760	920	29,200	38.30	31.55	+3.5	+1.9	-28.6	-.5
S. Dak.	310	990	10,600	34.35	10.65	+34.4	+28.8	+1.2	+6.0
Tenn.	1,800	4,300	51,700	28.30	11.95	-2.3	-1.2	+55.4	+9.2
Tex. 12/	9,500	(6/)	245,000	---	---	---	---	---	---
Utah	1,000	1,200	85,800	83.60	70.70	+4.0	+.9	+79.4	+101.4
Vt. 12/	800	(6/)	21,000	---	---	---	---	---	---
V. I.	160	180	6,600	40.20	37.95	-3.3	-.9	-9.8	-4.5
Va.	3,500	7,600	184,000	52.85	24.40	-1.2	+2.0	+15.0	+17.4
Wash.	7,000	12,200	593,000	84.40	48.70	-5.4	+2.5	+19.7	+22.0
W. Va.	1,600	2,800	74,600	45.55	26.95	-10.5	-3.6	-11.2	+13.6
Wis.	4,600	12,600	356,000	78.15	28.20	+5.7	+4.8	+13.1	+15.2
Wyo.	260	930	20,100	76.25	21.75	+1.5	+4.7	+1.8	+20.0

1/ All data subject to revision.
2/ Partly estimated; does not represent sum of State figures because totals exclude for New Jersey an estimated number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services; recipient count includes an estimate for States not reporting such data. Excludes Idaho, Indiana, Kentucky, Nebraska, and Puerto Rico; data not available.
3/ Average payment not computed on base of fewer than 50 recipients; percentage change on fewer than 100 recipients.
4/ About 10 percent of this total is estimated.
5/ Partly estimated.
6/ Data not available.
7/ Data for August; September data not reported.
8/ Represents data for July; August and September data not reported.
9/ Includes an unknown number of cases and persons receiving only medical care, hospitalization, and/or burial and payments for such services.
10/ Decrease of less than 0.05 percent.
11/ Increase of less than 0.05 percent.
12/ Estimated on basis of reports from sample of local jurisdictions.

Table 11. General assistance: Recipients and payments to recipients for selected cities, September 1967[1]

[Excludes vendor payments for medical care and cases receiving only such payments]

City	Number of--		Payments to recipients			Percentage change from			
				Average per--		August 1967 in--		September 1966 in--	
	Cases	Recipients	Total amount	Case	Recipient	Number of recipients	Amount	Number of recipients	Amount
Total, 16 cities 1/.	138,000	264,000	$13,898,000	$100.35	$52.75	-1.9	+2.1	+33.2	+33.9
Baltimore.....	6,400	7,200	525,000	82.05	72.65	-4.2	-4.2	-12.6	-10.9
Boston.....	3,300	6,000	352,000	105.75	58.85	+3.4	+2.2	+77.7	+39.3
Buffalo 2/.....	3,800	5,500	357,000	92.75	65.40	+.9	-.9	-9.4	+9.6
Chicago.....	13,900	31,700	1,583,000	113.95	49.95	-5.9	-3.7	+28.4	+31.7
Cincinnati 2/.....	5,500	18,000	407,000	74.15	22.55	-33.2	-10.4	+2.1	+9.3
Cleveland.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
Detroit.....	(1/)	(1/)	(1/)	---	---	---	---	---	---
District of Columbia.....	970	1,000	84,100	87.00	80.35	+1.5	+1.2	-2.4	+8.2
Los Angeles 2/.....	17,600	32,400	1,206,000	68.40	37.30	+4.3	-.4	+97.0	+61.0
Milwaukee 2/.....	2,700	6,600	228,000	84.85	34.85	+9.3	+8.2	+22.9	+17.9
Minneapolis.....	1,200	4,500	120,000	96.35	26.75	+41.9	-3.5	+27.9	-15.7
New Orleans.....	890	950	47,900	53.55	50.20	+1.6	-.1	+14.9	+14.9
New York.....	59,400	119,000	7,213,000	121.50	60.40	+1.8	+4.9	+45.9	+48.1
Philadelphia.....	8,400	12,300	700,000	83.10	57.00	+1.5	+2.8	+21.6	+30.6
Pittsburgh 2/.....	7,900	8,800	614,000	77.95	69.90	+.8	+2.1	-8.9	-2.6
Rochester.....	670	1,900	60,100	89.40	32.25	+3.0	(3/)	+18.7	+13.6
St. Louis.....	1,800	2,100	115,000	64.25	53.75	+1.0	+1.8	+8.6	+9.8
San Francisco.....	3,900	5,300	285,000	72.40	53.95	+7.3	+8.9	-3.8	+18.8

1/ Data not reported for Cleveland and Detroit. Percentage changes based on comparable data.
2/ Data for county in which city is located.
3/ Decrease of less than 0.05 percent.

Table 12. Old-age, survivors, disability, and health insurance, summary benefit data, September 1967

Table 12. Old-age, survivors, disability, and health insurance, summary benefit data, September 1967

CASH BENEFITS AWARDED AND IN CURRENT-PAYMENT STATUS

Type of beneficiary	Benefit awards		Benefits in current-payment status			Amount of benefits paid 1/ (in thousands)
	Number	Average amount	Number	Average amount	Monthly rate (in thousands)	
Total monthly beneficiaries	295,254	---	23,404,894	---	$1,697,241	$1,760,003
Retired workers and dependents	139,175	---	15,027,775	---	1,145,994	1,161,678
Retired workers	98,857	$91.06	11,886,549	$85.20	1,012,760	1,023,919
Wives and husbands 2/	26,795	43.65	2,633,994	44.19	116,392	119,730
Children 3/	13,523	37.70	507,232	33.20	16,842	18,029
Disabled workers and dependents	62,386	---	2,084,786	---	144,013	167,718
Disabled workers	28,098	101.97	1,164,903	98.32	114,529	131,206
Wives and husbands 2/	8,314	36.30	227,794	34.26	7,803	9,851
Children 3/	25,974	32.73	692,089	31.33	21,681	26,661
Survivors of deceased workers	80,419	---	5,561,098	---	382,234	404,553
Widowed mothers	9,573	69.48	489,379	65.72	32,160	35,078
Children 3/	42,547	63.65	2,313,348	62.30	144,132	153,512
Widows and widowers 4/	28,059	78.32	2,724,664	74.63	203,349	213,159
Parents	240	87.54	33,707	76.94	2,593	2,804
Persons with special age-72 benefits 5/	13,274	---	731,235	---	25,000	26,054
Primary	12,488	---	708,010	34.74	24,594	25,615
Wives	786	---	23,225	17.47	406	439
Lump-sum death payments 6/	99,802	222.58	---	---	---	20,645

1/ Exceeds monthly rate of benefits in current-payment status because of the inclusion in initial payments of amounts payable for prior months. Distribution by type of monthly benefit estimated.

2/ Includes wives under age 65 with entitled children in their care; a total of 360,000 such wives of retired and disabled workers were in current-payment status.

3/ Includes disabled persons aged 18 and over whose disability began before age 18.

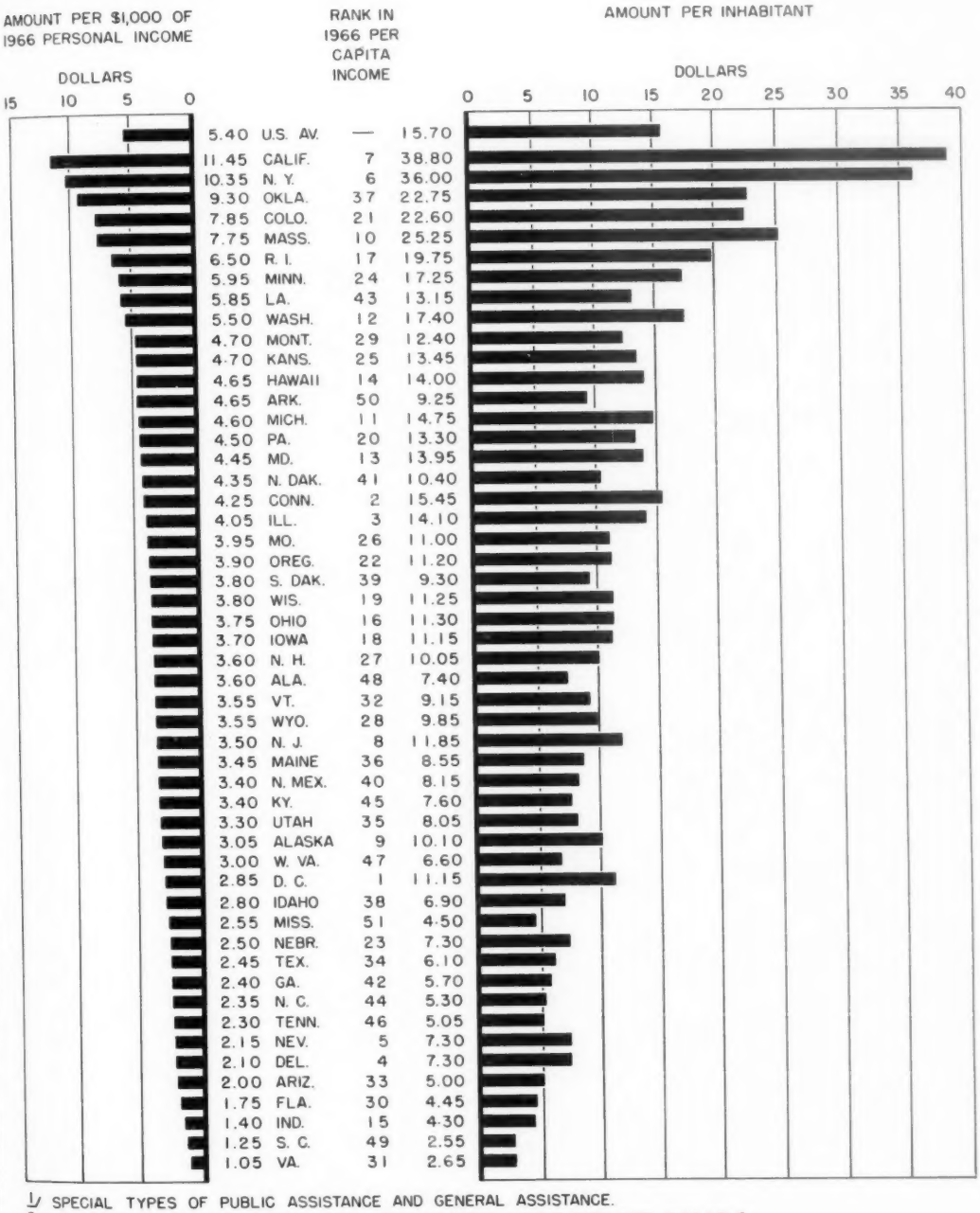
4/ Includes widows and divorced wives aged 60-61 entitled under the 1965 amendments.

5/ Represents benefits authorized by Public Law 89-368(1966) for certain persons aged 72 and over who are not insured under the regular or transitional insured-status provisions of the Social Security Act.

6/ Number of lump-sum payments shown were paid on the accounts of 92,755 deceased workers; the average amount represents average per deceased worker.

* U.S. GOVERNMENT PRINTING OFFICE: 1968 305-648 (4)

EXPENDITURES FOR PUBLIC ASSISTANCE 1/ FROM STATE AND LOCAL FUNDS, FISCAL YEAR 1967 2/



1/ SPECIAL TYPES OF PUBLIC ASSISTANCE AND GENERAL ASSISTANCE.
2/ EXCLUDES GUAM, PUERTO RICO, AND VIRGIN ISLANDS; INCOME DATA NOT AVAILABLE.

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